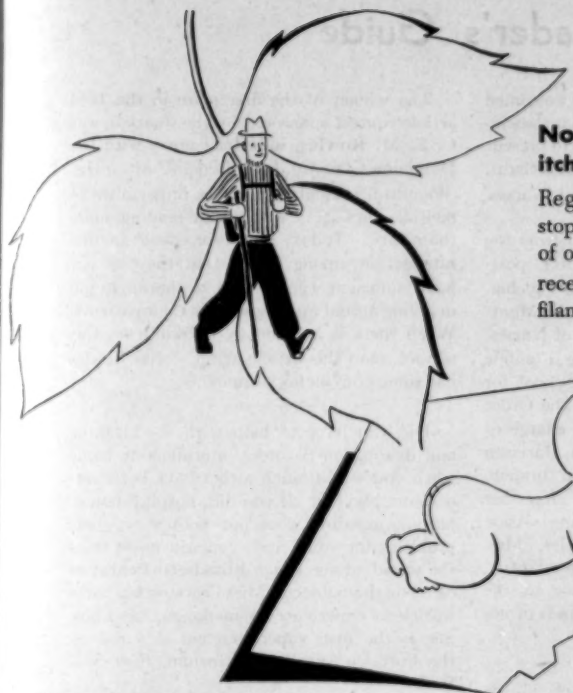

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itching occurs

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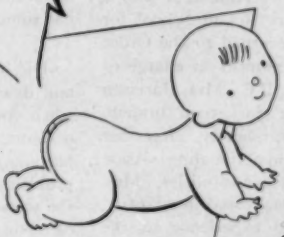

No matter where
itching occurs

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No matter how much
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Regardless of extent or frequency of use, Calmitol is safe. It does not contain harmful phenol or cocaine. Its active antipruritic ingredients, camphorated chloral and hyoscyamine oleate, will not be absorbed systemically.

Reader's Guide

It is many months since we have welcomed the president of one of our provincial associations as guest editor. We are happy to present **Mrs. Dorothy B. (Cotton) Harrison,** president, Saskatchewan Registered Nurses' Association, in this issue.

Mrs. Harrison graduated in 1937 from the Montreal General Hospital. After postgraduate experience at the Toronto Psychiatric Hospital, she joined the staff of the Montreal branch of the Victorian Order of Nurses. In 1939, she received her certificate in public health nursing from the McGill School for Graduate Nurses and returned to the Order staff. After seventeen months in charge of the branch at Westbank, B.C., Mrs. Harrison was transferred to the Saskatoon branch. Eighteen months later, shortly after her marriage, she retired from active duty. Aside from her association responsibilities, Mrs. Harrison is very much engrossed in adapting all of her learning and experience to the education she is receiving at the hands of her small son.

It will be our good fortune during the next three or four months to be able to share with our readers the excellent series of articles being prepared for us by faculty members of the Department of Public Health Nutrition, University of Toronto. Commencing the series, we present the broad, comprehensive picture of the important role nutrition should play in the present-day public health program from the capable pen of **Dr. E. W. McHenry,** professor and head of the Department.

Deaths attributed to syphilis in the 1945 preliminary annual vital statistics report totalled a relatively small number—740—when compared with such gross killers as heart disease and cancer. However, the total of damage done by syphilis cannot be measured in terms of the number of deaths. Congenital syphilis, to take just one illustration, results in malformed and mentally deficient children by the score. Be sure to read what **Dr. B. D. B. Layton** has to say regarding the value of penicillin administration in the prevention of this malady. Dr. Layton is chief of the Division of Venereal Disease Control, Department of National Health and Welfare, Ottawa.

The winner of the first prize in the 1946 article contest sponsored by the *Journal*, was **C. E. M. Rowles,** industrial nurse with the Dominion Glass Co. Ltd., Redcliff, Alta. Her thoughtful presentation of the importance of bedside nursing is well worth reading more than once. Today, there are echoes of dissatisfaction among nurses that they do not have sufficient time to do a thorough job in giving actual nursing care to their patients. When there is a tendency to skimp on this service, read this article again. Miss Rowles has some convincing arguments.

Did you have to help with the cleaning and dusting on Saturday mornings at home when you would much rather have been out-of-doors playing? If you did, hospital housekeeping possibly does not hold very great problems for you. Still, you will profit from the sound advice which **Elizabeth Pearston** offers on this subject. Miss Pearston has had a wealth of experience in managing hospitals. She is the busy superintendent of nurses at the Fort Qu'Appelle Sanatorium, Fort San, Sask.

We are glad that it was decided to continue the former Section pages when the constitutional changes were made last year. **Helen McArthur** is chairman of the Committee on Public Health Nursing. **Sheila MacKay** was secretary at the time this report was made. Miss McArthur is director of Nursing Services for the Canadian Red Cross Society. Miss MacKay is assistant director, Division of Public Health Nursing of the Alberta Department of Public Health. **Marguerite E. Schumacher** is chairman of the Publicity Committee in the Committee on Institutional Nursing. She is superintendent of nurses at Grace Hospital, Winnipeg.

Preview

One of our most precious faculties, our eyes, will be the subject of the article to be featured next month. The author, **Dr. Charles A. Thompson,** of London, Ont., will describe the special care that should be given to prevent injury and infection of the eyes, with special emphasis on the responsibilities of the industrial nurse in this connection.

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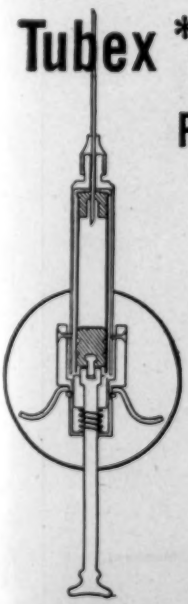

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[1]The evaluation of Preparations of the vitamin B-Complex. C.M.A.J. May, 1942.

[2]Council on Pharmacy and Chemistry and Council on Foods and Nutrition. J.A.M.A. 119-12-948.

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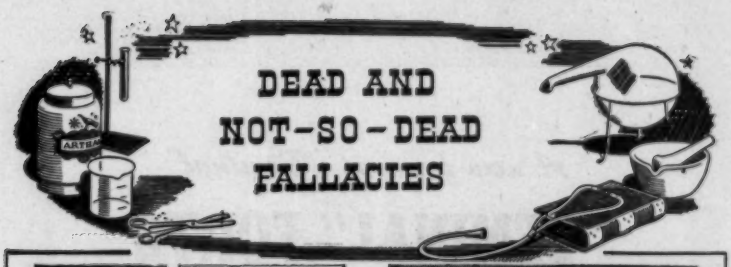

DEAD AND NOT-SO-DEAD FALLACIES

Pregnant stones, or "pietre gravide," were once considered by Italian peasants as an indispensable aid to normal childbirth.

The stones were worn for nine months. After the birth the stones were passed along to another prospective mother.

Some people still believe that canned foods must be cooked.

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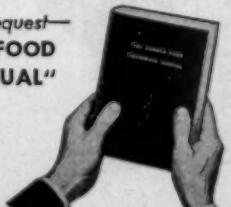

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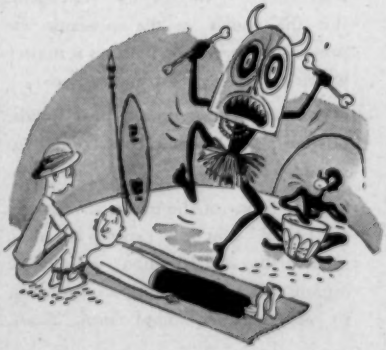
FINGER ON THE PULSE:

No pets allowed: At San Pedro, California, three members of Canadian steamer Ranger each took aboard a pet. On arrival at Panama they were relieved of their mascots—three girl friends.

Wouldn't hear of it: Romano Pandolfi of Rome got fed up with jokes about his long ears. With a razor he pared them down to more conventional size. Romano lost some ear, a lot of blood, but still hears.

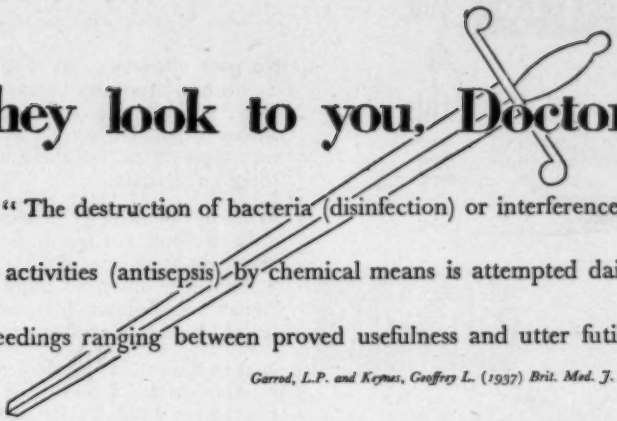
Just in time: In good health and spirits, Mrs. Louise Klemme of Chicago visited Undertaker Alfred Dumroese and talked about her funeral arrangements. A few minutes later, en route home by trolley, she collapsed and died.

Grandma's night out: About 30 grandmas, ranging in age from 60 to 90, recently staged a merry get-together in Brooklyn where, amongst others, Mrs. Josephine Berman, a 70-year-old great-grandmother cut some fancy capers. Josie Berman started dancing 5 years ago and can jitterbug, rhumba and samba.



"You know, I AM beginning to feel better."

They look to you, Doctor..



"The destruction of bacteria (disinfection) or interference with their activities (antisepsis) by chemical means is attempted daily in proceedings ranging between proved usefulness and utter futility."

Garrod, L.P. and Keynes, Geoffrey L. (1937) Brit. Med. J. 2, 1233.

IF SO FORTHRIGHT a reminder as this should have been addressed to the medical profession itself, how much more does the unskilled user of antiseptics — the ordinary householder — stand in need of guidance!

ALL ANTIBACTERIAL agents — whether for treatment or prevention — are in some degree selective. The choice of the antibiotic or chemotherapeutic substance for treating an established infection is a matter for your skill. But the choice of the antiseptic for preventive use in the home is a matter which calls clearly for your advice.

FOR GENERAL USE in unskilled hands, obviously the less selective agent is to be preferred.

NOW, it is one of the many advantages of 'Dettol' that it is rapidly lethal to a diversity of common pathogenic organisms; to haemolytic streptococci, to *Strep.pyogenes*, *Staph.aureus*, *B.coli*, *B.typhosum* and to such wound contaminants as *B.proteus* and *Ps.-pyocyanea*. And for all this low selectivity, 'Dettol' is non-toxic, highly bactericidal in the presence of blood, pus and other wound debris, pleasant in smell and non-staining to linen or the skin.

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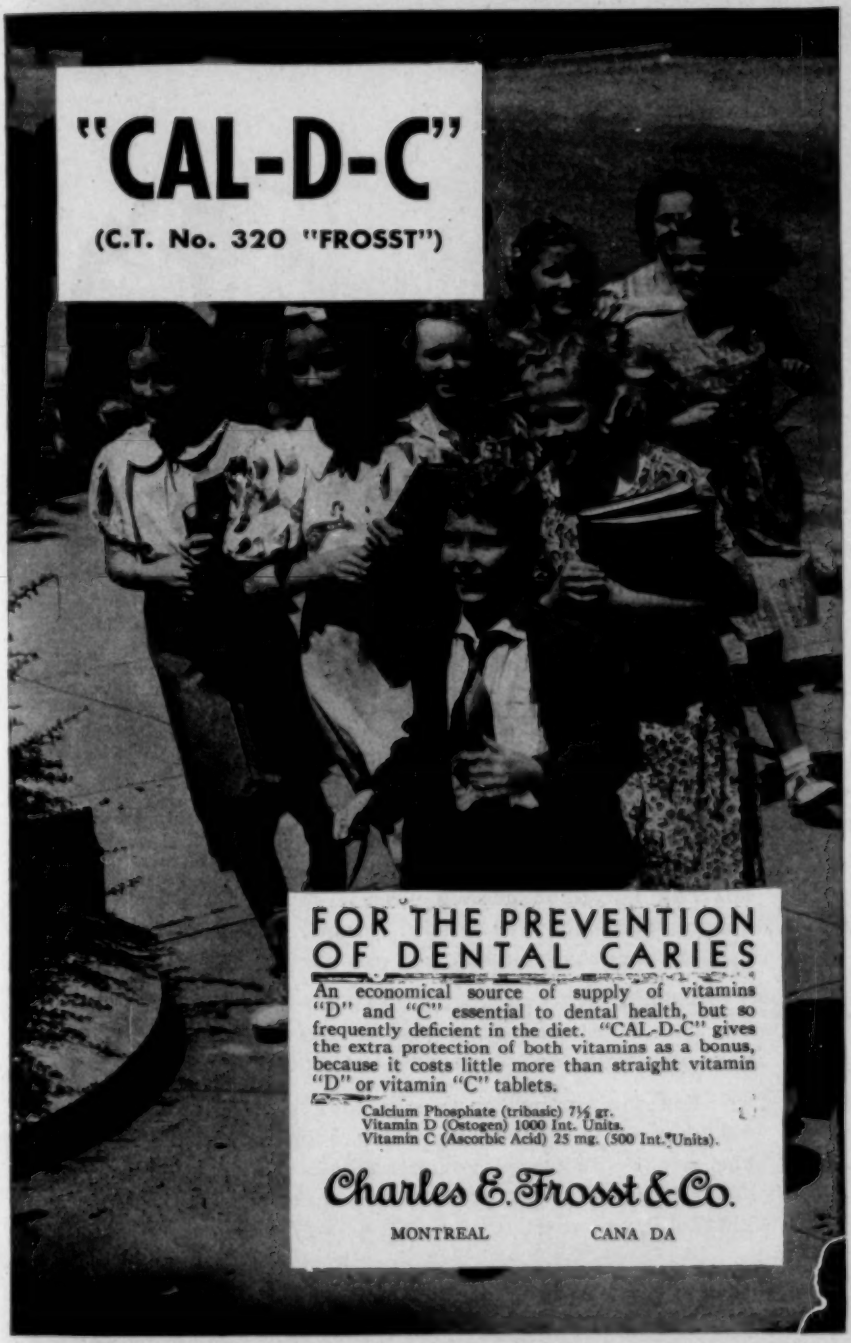
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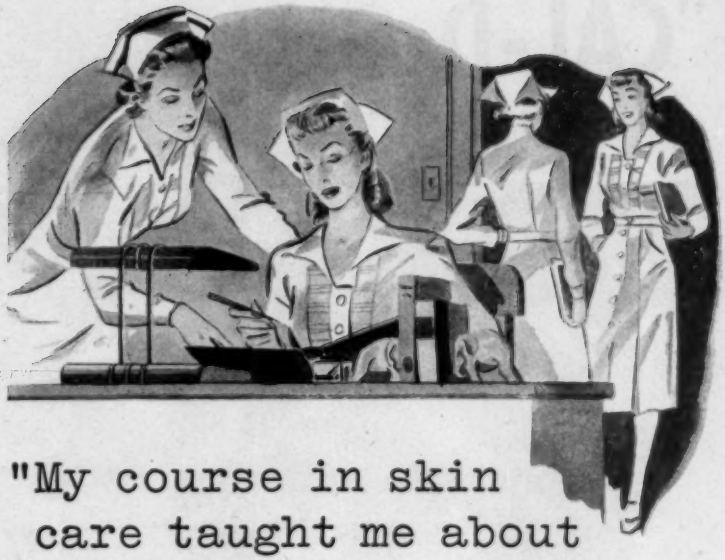

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Then I started using NOXZEMA as a night cream. It's greaseless, stainless, and helps make my skin feel wonderfully soft and smooth.

Now I'm using it as a powder base under make-up -- it helps smooth my complexion just the way it does red rough hands! In fact, NOXZEMA is "a regular beauty course" in a little blue jar!

The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-THREE NUMBER THREE

MONTREAL, MARCH, 1947

Progress in Saskatchewan

IN SASKATCHEWAN, as elsewhere in Canada, the past year has been an exceedingly busy one. So many new developments are taking place at a time when we are faced with a shortage of trained personnel. This means that nurses everywhere are straining their resources to meet the rapidly changing needs in the world.

However, while day-to-day business is making great demands on our present staffs, we are all very conscious of an underlying feature which colors all our thinking and is uppermost in our minds while conducting nursing affairs, and this feature is the new trend in nursing education.

A great deal of thought is being given to the question of nurse education and the leaders in the nursing profession are showing us that a great many changes from present-day policies will be necessary, in order to prepare the graduate nurse to meet the demands of nursing service which the future inevitably will bring. Many are stirred with an unrest and a dissatisfaction with present conditions. Under the guidance of our nursing leaders we are beginning to have a vision of the future, and realize that the future holds great possibilities for the nursing profession. We realize the necessity of sound leadership and careful

DOROTHY HARRISON

BOSTON UNIVERSITY
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planning in order to bring about the desired changes.

However, in this world one must be practical as well as visionary. We, who are primarily interested in supporting health measures, are faced with problems of inadequate staffs and lack of available finances. We are working with groups who may not see the question of nursing education in the same light as we ourselves see it.

In Saskatchewan, while keeping our future aim before us, since the ending of hostilities our main efforts have been toward stabilization of existing conditions, mainly through trying to assist in developing good working and living conditions for the nurses throughout the province. We realize these are basic to the provision of good nursing service.

A well-planned brief was submitted some time ago to the Saskatchewan Government on how nurses might fit into a provincial health insurance scheme. Recommendations included those covering salaries, hours of work, living conditions, sick leave, vacation with pay, and a scientific method for determining an adequate nursing staff. More recently a summary of these recommendations has been sent to the Saskatchewan Hospital Association, to all superintendents of hospitals, superintendents of nursing, and to chairmen of hospital boards.

While the recommended salary schedule is somewhat higher than those generally prevailing in the province, authorities have agreed that it is reasonable in the light of present-day conditions and we have good reason to hope that this and others of the recommendations will gradually come into effect. In conjunction with this, our travelling instructor is visiting all the hospitals in the province to help hospital boards and staff nurses to interpret the recommendations and to meet existing local problems.

Uniform regulations governing monthly allowances, uniforms, breakage and other fees, also the preliminary course, have been agreed upon by authorities in hospitals conducting schools. This is a recent and forward development.

The nurses in Saskatchewan are taking an active part in the province-wide hospitalization scheme which went into effect on January 1, 1947. While for a time it may mean added strain on existing nursing and other personnel, we feel that our Government has done a very fine piece of work toward the eventual establishment of health insurance in this province. Nurses throughout the province are wholeheartedly supporting the plan.

With the rapid development of health insurance in Saskatchewan, the formation of Health Regions entailing an increase in the number of public health nurses employed, and the planning for a University Hospital, there is an increasing demand for nurses.

We, as an association, are making every effort to keep the individual nurse well-informed so that by concerted effort we may find the best means whereby to cope with the demands of the present and the future, a future which promises unlimited opportunity.

DOROTHY HARRISON
President, Saskatchewan Registered Nurses' Association

Coming Event

Event: Annual Meeting of the Registered Nurses' Association of Nova Scotia.

Date: May 29 and 30, 1947.

Place: Halifax, N.S.

Nutrition in a Public Health Program

E. W. McHenry

After the recognition of bacteria as causative agents for many diseases, the prevention and treatment of infectious diseases became the centre of public health activities. Water supplies, the pasteurization of milk, disposal of sewage, and immunization were the main concerns of health officers. As a result there were great advances in public health. Smallpox, typhoid fever, diphtheria, and other infectious diseases have become rare in Canada. This phase of activity is not yet complete; the safeguarding of milk by pasteurization is not yet universal in Canada.

Old cemeteries contain numerous tombstones which give eloquent testimony to progress in the field of health. When we see evidence of the deaths of many children under six years of age we realize what has been accomplished. Whole families are not wiped out today by diphtheria. If children can be raised now to adult life, we should be concerned with what else can be done to give them the health which they should have. Control of infectious diseases is still, and always will be, essential. A modern health program should include activities which will ensure as healthy a life as is possible. The abolition of slums, the prevention of malnutrition, facilities for outdoor exercise, adequate illumination to prevent eye-strain, and other aspects of a healthy environment should be given attention.

Should nutrition be included in a public health program? Most public health officials in Canada would give an affirmative answer, but very few would be prepared to implement the answer. A widespread attitude would be: acute deficiency states are extremely rare in Canada, so let's not get excited. It is hardly necessary to point out that there is clear-cut evidence that adequate nutrition during pregnancy is essential for the health of mother and child, that adequate nutrition is necessary for proper growth and health of children, and that optimal use of food is highly advisable for adults. Nutrition is one of a number of factors which control health. As such it cannot be ignored in a program designed to improve the level of health in Canada.

A word of caution regarding nutrition is advisable. During the past few years there has been considerable enthusiasm for nutrition and many nutritionists have given a distorted impression to the public. Nutrition is not the *only* environmental factor influencing health and a properly designed program includes all factors. It is unwise to be concerned with the feeding of a child without giving thought to protecting the child against infection. We have seen children who could not chew a nutritious meal because of the bad condition of their teeth. The kind of health program needed in Canada is one in which *all* factors influencing health are given proper emphasis. Undue attention to any one aspect, whether it be nutrition, housing, or the control of venereal disease, is unwise because the disproportionate enthusiasm ignores other essential constituents of a sound health program.

Many health officers dismiss nutrition from their health programs because they erroneously believe that there are no nutrition problems in Canada. They consider that rickets is now under control, that there is little scurvy, and that other deficiency diseases do not occur. Hence why bother? There is definite evidence to prove that this attitude is wrong! It is based on a lack of knowledge.

Recent studies by Dr. Sylvestre in Quebec, by Dr. Webb and Miss Swan in New Brunswick, by our de-

partment in Ontario, and in British Columbia and Saskatchewan by Dr. Pett and his staff have all shown that the nutrition of children is not satisfactory. It is unlikely that Canadian children are not receiving sufficient food to satisfy appetite, but it is clear that the kinds of foods are not those which should be chosen for health. A recent study of school children in the Toronto area showed that 30 per cent were securing less milk than is needed to ensure an optimal supply of calcium. In recent studies 9-11 per cent of the children had evidence of having had rickets. Most of these studies have indicated that school children who need vitamin D for normal growth of bone were obtaining inadequate amounts. The nutrition of many Canadian children is not yet optimal for health.

In most of Canada iodine deficiency and consequent goitre are still problems, and problems which need not exist. Consider only one province—Ontario. Information has not been available since 1925 regarding the amount of endemic goitre in Ontario. It is known that iodized salt, the only dependable source of iodine available, is used by about one-half of the population. The use of iodized salt was compulsory in all army and air force establishments in Canada during most of the war. The same protection should be given to the general population.

The general attitude toward very stout people is one of amusement, and it is considered impolite to say or do anything to remedy the situation. Insurance statistics and several scientific studies have clearly proven that overweight, even in moderation, is harmful in middle-aged and older persons. Overweight lessens life expectancy and causes undue strain on the heart, liver, and kidneys. Overweight is due to a consumption of food in excess of requirements and should be regarded as an undesirable nutritional abnormality capable of correction and prevention. If a health department is concerned with the health and life-span of people under its care, it should be actively interested in the prevention of obesity. Data regarding the incidence of obesity in Canada are not available but casual visual inspection indicates that there is some.

All recent surveys have shown that the condition of teeth in Canadians is far from satisfactory. The cause or causes of dental caries cannot be stated with certainty. It is probable that a number of factors are involved and that nutrition is important. It is believed that dental health depends upon adequate intakes of calcium, phosphorus, and vitamin D. It is also believed that generous supplies of sugar as such or sweet foods like candy, cakes and soft drinks, are harmful. One of the fortunate results of war restrictions has been a decrease in the consumption of sugar. So far as Canadian children are concerned it is still much too great. Under war conditions in Britain there has been a marked improvement in children's teeth. The same improvement could be attained in Canada by changes in eating habits.

There are nutrition problems in Canada and the correction and prevention of these should be matters of concern to public health officials. Suitable preventive measures cannot be undertaken unless the causes are ascertained. Is there enough of the right kinds of food available in Canada to meet nutritional needs? So far as the country as a whole is concerned, the answer is yes. Government statistics show that a sufficient quantity of various foods is available to satisfy the needs of the whole population, provided these foods are distributed and used according to need. Such distribution and use are not the practice at present. There may be sufficient milk in some districts and insufficient supplies in other sections. Foods supplying vitamin C may be adequate in cities in the late spring and scarce in remote rural sections. It may often be true that food importation is not the need but rather the better utilization of local supplies. It may seem strange to say that food

supplies should be of interest to a medical officer of health. What is the use of urging an increased use of milk if the needed milk is not available?

Considerable attention is given to the economic cause of malnutrition. It is frequently said that some families are financially unable to buy healthful foods in proper amounts. This factor does operate and was serious during the depression years of 1932-7. It has been much less important in the past few years and is rendered less serious by family allowances. A misleading statement is often made—that a given percentage of families have incomes of less than $1,200 a year and, consequently, must be undernourished. The figure generally quoted includes families in villages and small towns where an income of $1,200 may be equivalent in purchasing power to $2,400 in Montreal or Toronto. However, another aspect of low income urban families is often overlooked. There may be sufficient money to purchase food but inadequate cooking equipment may prevent the preparation of suitable meals. It is not possible for a mother, however intelligent, to prepare good meals for her family if all she has is a two-burner gas-plate, a tea-kettle, and a few saucepans. Poor housing and inadequate kitchens may cause malnutrition.

The principle causes of malnutrition in Canada, whether that malnutrition be obesity or deficiency, are ignorance and indifference and, of these, the latter is the more serious. A great many avenues of education are available and are utilized surprisingly little. Many people just don't care. This attitude, or lack of attitude, is not confined to nutrition; it is true of most aspects of a health program and also true of many other affairs. A lot of people are indifferent about voting and about anything which would cause apparently unnecessary exertion. This indifference has to be overcome before health education can function.

It is unnecessary and, indeed, unwise to attempt nutrition education apart from a general program of education in healthful living. The best place to start such a program is in prenatal care and a direct, selfish appeal may be the most effective. If a pregnant woman has proper care, including an adequate use of food, both she and her baby will be better. Health education should begin in infancy and, so far as nutrition is concerned, it should be the goal of Canadian health programs to have every baby properly fed. Health education, including nutrition, then logically develops through childhood. Health habits are formed and in older children the reasons for these habits are explained.

The most effective transmitter of health education is the public health nurse. No appeal can be as valuable as the personal one which the visiting nurse makes to the mother and to the family. All pathways of education, radio, newspapers, pamphlets, are insignificant in comparison to the personal approach. Upon the shoulders of the already over-burdened nurse rests the responsibility for arousing the families to the need for healthful living.

Bacterial Resistance

The observation of the ability of bacteria to develop resistance to streptomycin after a few days may be of particular importance at this time. The same has been noted in respect to both the sulfa drugs and penicillin, but apparently the phenomenon is more pronounced with streptomycin. In at least one case, test tube experiments showed there was a 100-fold increase of the resistance of an organism in ten days. Given indiscriminately, the drug may lose any value for a particular type of infection in an individual for the rest of his life. Improper use may cause variation and selection in disease agents so that streptomycin is no longer effective for the infection where it is of greatest value at the present time.

—*News Notes No. 55*

New Methods of Treatment for Venereal Disease—Syphilis

B. D. B. Layton, M.D.

Of all the remarkable advances in the treatment of disease which have been noted during the past few years, it is doubtful if any can approximate the progress made in the management of syphilis. Commencing during the past decade with the introduction of intensive and sub-intensive treatment courses employing arsenicals and bismuth, and further accentuated by the relatively recent discovery that penicillin is effective in the treatment of both syphilis and gonorrhea, any feeling of stability in syphilis treatment methods which may have existed is completely dissipated.

However, with the full appreciation that the latest schedules devised for the treatment of syphilis, especially those including penicillin, are still in the experimental stage, it may be of interest to review in general terms some of the more promising procedures which have been investigated. In this discussion, therefore, an attempt will be made to present some conspicuous points of interest regarding new methods of treatment for syphilis, particularly those coming into prominence during the past few years. It is repeated with emphasis, however, that final appraisal and evaluation of the results must await the passage of time and further extensive trial.

To revert briefly to earlier accepted methods of treatment for comparison with the more modern procedures, various combinations of arsenicals and bismuth have long been employed as the standard antisyphilitic treatment. Weekly injections over prolonged periods, eighteen months as a minimum, totalling at least forty injections of arsenic, usually neoarsphenamine, and forty of bismuth, have been and still are employed for standard treatment.

At intervals, this treatment course was interrupted by the so-called rest period during which little or no medication was administered. This, fortunately, has now been abandoned by the majority of physicians since it is recognized that, in order to be most effective, treatment must be given continuously and without interruption.

The advent of mapharsen, which has been shown to have effective therapeutic action with relatively lower toxicity, permitting twice-weekly injections, resulted in a series of studies aimed principally at the reduction of the time period over which treatment was administered with the maintenance or improvement of the cure rate. Numerous treatment schedules have been investigated and some of those which appear to hold the most promise, designated as intensive and sub-intensive methods, are reviewed briefly.

Experiments with the administration of drugs by a continuous intravenous drip have shown that by this method the toxicity of the drug is greatly reduced and that larger quantities thus can be administered over a shorter period of time. This general principle was first applied in 1933 in the treatment of syphilis by Chargin, Hyman and Leifer. After considerable study these investigators devised the five-day continuous intravenous drip method consisting of the administration of a quantity of mapharsen daily for five consecutive days for a total of 1200 mg. of the drug. This can be given by the slow intravenous drip method over a period of seven to twelve hours or by the rapid intravenous method lasting one to three hours.

The advantage of the five-day intravenous drip is that few patients fail to complete their treatment

course. Its major drawback is the reported high mortality rate of 1:200, and the fact that it is a complicated procedure requiring highly trained personnel and constant supervision. It is usually supplemented by daily bismuth injections accompanying the treatment or a course of bismuth following the intravenous drip.

Another type of intensive schedule, the twenty-day method, consists of the injection of mapharsen, once daily for twenty consecutive days, usually accompanied by bismuth injections every three or four days. The reported mortality rate by this method is 1:350, although later experience indicates it to be considerably lower than this figure. The treatment results appear to be comparable to the five-day intravenous drip. Other procedures involving the injection of mapharsen twice daily for ten days and the administration of thirty single consecutive daily injections have also been investigated.

A less intensive method, the triweekly schedule of mapharsen injections, for eight to twelve weeks, has been recommended by Eagle. When this is supplemented with weekly bismuth injections satisfactory results are observed. The reported fatality rate by this procedure has been 1:1200.

The twenty-six weeks' sub-intensive method combines the advantages of the earlier standard procedure with those of the more intensive rapid courses. The main disadvantage is, as in all prolonged treatment schedules, the delinquency rate, i.e., patients failing to complete an adequate treatment course. It consists of forty spaced injections of mapharsen, given twice weekly throughout the first ten and the last ten weeks of treatment, for a total dosage of approximately 2400 mg. of the drug. Sixteen injections of bismuth subsalicylate are given during the first and final five weeks and the middle six weeks of the treatment schedule.

None of these procedures has been in use sufficiently long to permit complete appraisal and in attempting to sum up the respective merits it should be emphasized that, according to most authorities, short-term intensive arsenotherapy of syphilis is too hazardous for use in general practice. The safer methods of semi-intensive arsenotherapy, such as the Eagle method and the twenty-six weeks' plan, are recommended for general use. Results have been satisfactory with all these methods which may be used on an ambulatory basis.

One approaches the preparation of a commentary on the treatment of syphilis with penicillin with considerable reluctance and the full realization that any statement made, no matter how general, must be subject to revision in the light of new reports and clinical findings constantly coming to attention.

As a result of the experimental and clinical research carried on to date, the following points, according to Stokes, would appear to be fairly well established with regard to the penicillin treatment of syphilis: penicillin is non-toxic; penicillin destroys treponemas; the organisms usually disappear from surface lesions in 12-24 hours when penicillin in adequate doses is administered, frequently sooner; no penicillin-resistant organisms have yet been encountered in man; penicillin follows the old rule — the sooner the treatment is administered in early syphilis the better the results encountered; intramuscular injection is the method of administration; the accepted safe dose is not larger, for the moment, than 2,400,000 Oxford units in eight days; the time interval between doses has considerable elasticity not yet determined; penicillin and mapharsen in combination appear to be effective — more so than either drug alone at the same dosage level; experimentation shows that repeated moderate or large doses of penicillin at intervals over a period of time show most effective results in comparison with: (1) a single large dose; (2) repeated large doses at short intervals; and (3) when given in retarding vehicles, i.e., peanut oil and beeswax; treatment can be repeated in case of relapse or recurrence at equal or larger

doses with renewed response in most but not all cases.

Schoch and Alexander supplement these comments with the following recommendations: that the intervals between injections should not exceed three hours, i.e., without employing a retarding vehicle; the total dosage should not be less than 2,400,000 units; the period of treatment should not be less than seven and one-half days; mapharsen and/or bismuth should be used in addition, with preference for the latter since it is less toxic; follow-up observation should extend five years and include quarterly serologic tests and the examination of the cerebrospinal fluid; penicillin failures should be re-treated on an individual plan; in view of the possibility of re-infection all contacts should be sought and, if necessary, treated.

At the moment the only disadvantages associated with the use of penicillin for syphilis appear to be restricted to the fact that under present methods of treatment a period of hospitalization is required and that injections of the drug must be made at relatively frequent intervals, accentuating the factor of discomfort associated with the treatment procedure.

In general, the results of the numerous research studies carried on to date indicate, according to Moore, that in the treatment of early acquired syphilis of the adult, penicillin alone does not appear to be equal to the older intensive methods of chemotherapy, i.e., arsenic and bismuth. The best results were observed when the duration of the disease was less than two weeks, and a high percentage of failures has occurred when the duration of the disease was two months or more.

These observations are supported by the reported findings of Pillsbury in which the results of treatment of a large series of cases with penicillin are compared with the findings following the twenty-day massive schedule. Follow-up on 792 cases treated by the latter method for six months or more after treatment revealed results (as shown by the accompanying table) which are compared with the findings of a group of penicillin-treated cases according to the stage of the disease in which the diagnosis was made.

From these figures it is observed that penicillin is equal in its effectiveness to the twenty-day procedure in sero-negative primary syphilis but becomes progressively worse in sero-positive primary and secondary cases. Pillsbury concludes that penicillin is an effective remedy in early syphilis but that the schedule of treatment may need to be modified for sero-positive primary cases as well as those in the secondary stage. He points out that it would be of great advantage if more cases of syphilis could be diagnosed before the blood test becomes positive.

In expressing a general opinion on the penicillin treatment of syphilis, Cole has stated: "The great value of penicillin is that you are able to treat the patient quickly without killing him. Despite the high rate of treatment failures, the penicillin treatment of syphilis is here to stay."

Experimentation with the rapid methods of treatment employing penicillin and arsenicals, individually or in combination, has focused attention upon the importance of close follow-up of patients. Adequate surveillance involves the physical examination of the treated individual at relatively frequent intervals for

	Percentage of Negative Serologic Tests	
	After Penicillin	*After 20-day Therapy*
Seronegative Primary Syphilis	98.18	98.68
Seropositive Primary Syphilis	87.82	95.10
Secondary Syphilis	72.07	92.68

clinical evidence of recurrence of the infection, and laboratory examination of the blood for serologic relapse. This should be carried out every two to three months in the first year after treatment and at increasing intervals during the second and subsequent years. The cerebrospinal fluid should be examined six months after treatment and again within eighteen to twenty-four months to assure freedom from complications involving the central nervous system.

The seriousness of nervous system involvement by syphilis has directed the attention of research workers studying the effect of penicillin towards the treatment of certain conditions resulting from this complication. As with other types of syphilis, the final assessment of results awaits the passage of time and the accumulation of clinical data. However, it would appear that the value of penicillin in neurosyphilis will at least equal and, in some varieties of the disease, exceed the results obtained by other known forms of therapy.

Investigation has shown that the most striking effects of penicillin are observed on the cerebrospinal fluid. Generally speaking, the drug exerts a beneficial influence which is demonstrated in the progressive reduction towards normal of the abnormal finding in the spinal fluid. This effect is continued over weeks and months after administration, the maximum improvement usually being secured in the first four months.

The quantities of the drug used are considerably greater than those administered in early syphilis, the dosage range being of the magnitude of four to eight million units.

Although a number of studies have been reported, the following summary of one such investigation will serve to illustrate the character of the research being done and the results encountered:

Following treatment of 161 cases of syphilis of the nervous system by a group of prominent clinicians it was concluded that, as measured clinically and by blood and cerebrospinal fluid changes, penicillin is an active therapeutic agent in neurosyphilis. The greatest effect on the signs and symptoms occurred in the mental breaks, the inco-ordination, the tremors and speech defects of paresis, and the lightning pains of tabes. Fixed pupils, absent reflexes, and other signs of destructive lesions did not improve.

Spinal fluid abnormalities were particularly responsive to penicillin, the effect upon asymptomatic cases being the greatest and upon paretics (G.P.I.) the least. Blood serologic responses were less than those noted in the cerebrospinal fluid.

By way of a general summary of the effectiveness of penicillin in neurosyphilis, based upon the findings and observations up to this time, the group of investigators concluded that penicillin is the first choice in the treatment of neurosyphilis but with qualification in severe paretics in which failure to improve promptly indicates further treatment with either more penicillin or with fever therapy.

In this study initial doses of 2,400,000 or 4,800,000 units of penicillin were administered. Close and continuous observation was required to detect failure to improve, in which case more penicillin or fever treatment was given. It is interesting to note that tabetics with lightning pains received up to twelve million units and in multiple courses.

Of all the types of syphilis thus far treated with penicillin the most optimistic results appear in the management of syphilitic pregnant women as demonstrated by the condition of the newborn infant. At two prominent institutions in the United States parallel studies were carried out on a group of 114 pregnant women who delivered a total of 118 babies (four women became pregnant and completed their terms twice during the course of the study with treatment during the first pregnancy only). Of this group, 114 babies were born apparently normal (96.7%), one infant was syphilitic (0.8%), and three of the women aborted (2.5%) at the fourth, sixth, and seventh months.

With regard to the cases which aborted, it should be pointed out that this is considerably lower than the abortion rate in non-syphilitic pregnant women. During this study and subsequently, it has been concluded

that there is no evidence to show that penicillin is instrumental in the production of either actual or threatened abortion and that this need not be seriously considered as a danger in the treatment of syphilitic pregnant women with the drug.

With regard to the duration of the pregnancy at the time of treatment, from the results observed it is apparent that treatment at practically any stage of the pregnancy is effective in preventing congenital syphilis. The majority of the women received either 1,200,000 or 2,400,000 units of penicillin as a total dosage, given in divided doses every three hours over a period of not less than eight days.

With such an apparently effective treatment method available, further emphasis is placed upon the importance of prenatal examination, including blood-testing. Careful prenatal observation of the pregnant mother, with at least one blood test during her pregnancy, preferably in the early months, should virtually eliminate congenital syphilis.

Although insufficient time has elapsed for final evaluation to be made, studies thus far carried out seem to indicate that penicillin is the best agent yet developed for the treatment of infants born suffering with syphilis, i.e., infantile congenital syphilis. Immediate clinical improvements are striking, reactions seem unimportant, and in the cases observed over appreciable periods the incidence of clinical and serologic relapse has been relatively small.

In one study which has been reported, penicillin treatment was administered to a group of 191 infants diagnosed as suffering with congenital syphilis. The ages of the patients ranged between eleven days and twenty-three months. A brief summary of the results, after preliminary observation, shows that following treatment serologic relapse alone was noted in 3.6% and clinical plus serologic relapse in 2.6% of the total. Deaths during or after treatment, amounting to 12.6%, have been largely attributable to causes other than syphilis. The remaining number, approximately 81%, were considered satisfactory, i.e., apparently cured.

An encouraging feature of this treatment procedure is that serologic decline may continue over a long period and the percentage of cases showing a negative blood serologic test increases up to at least eighteen months after treatment. It would thus appear that the results of penicillin treatment in infantile congenital syphilis are exceedingly encouraging.

There can be no doubt from the information available, incomplete in many respects as it is to permit the formation of positive conclusions, that penicillin has a definite place in the treatment of syphilis. At this time its value in prenatal and congenital infantile syphilis seems to be very definite, and in neurosyphilis one may hope for an encouraging percentage of optimistic results. In early syphilis the results appear most favorably influenced by the early initiation of treatment thus further emphasizing the importance of early diagnosis. However, with all the knowledge which has been gained it would be remiss if one did not re-emphasize at this time that the treatment of syphilis with penicillin is still in the experimental stage.

Until such time as the status of penicillin in syphilis is finally determined, standard treatment will consist of the administration of arsenicals and bismuth in recognized treatment schedules. The precise method to be employed in any specific case will, of course, be determined by the physician responsible for treatment but it is felt that the great majority of individuals diagnosed as suffering with syphilis will, for some time to come, benefit most by the administration of these drugs. Under present circumstances this provides the best means of eradicating the syphilis germ and thus assuring the future health and well-being of the patient.

Hospital Housekeeping

ELIZABETH A. PEARSTON

WHEN one leaves a large city hospital following some years of ward supervision to take over the position of nurse superintendent of a small town hospital—possibly sixty beds—one feels a certain degree of confidence until confronted with the problem of housekeeping.

Housekeeping in the small hospital does not mean advising a qualified housekeeper or a chief steward that corners are being missed, that floors are too highly polished or not polished at all, or that curtains, pillows, etc., need replacing. Oh dear, no!! The nurse superintendent finds that she is the only person expected to control such matters and she has a day or two of panic until she gets certain essentials of housekeeping firmly entrenched in her mind.

The first essential is, of course, to keep the hospital clean and to have the co-operation and interest of those who are actually doing the work. To institute and maintain this, the nurse superintendent herself must know the proper methods to employ. If she has received a good home training in general housekeeping, then she is lucky; however, she may have gleaned certain knowledge of housekeeping during her nursing career, although actually housekeeping is not specially mentioned in the curriculum. A good reference book* on housekeeping will be of immeasurable assistance, especially when quick decisions have to be made, and pending the time, when, possibly, by bitter experience, she has acquired expert knowledge. When one has to learn and teach at the same time, that good old Irish idiom, "Sit tight and keep two jumps ahead," is fun. Further, if the housekeeping staff (usually girls drawn from the district) realizes that the work is important a pride in achievement will be built up. The members of the housekeeping staff enjoy wearing a well-made uniform-type of dress when on duty and it also encourages them to look nice and act well.

A program of duties should be made out for each member of the housekeeping staff, rigid enough to become routine but leaving some hours free each week to take care of the unexpected. There is no spring or fall cleaning in hospitals—*clean all the time* is essential. Cleaning, polishing, dusting, scrubbing, in the ordinary sense, are done every day. Other duties could be done weekly or monthly, such as transoms polished, blinds and high fixtures dusted, walls brushed down, and so on. Many people working in one place does not always mean better work. Competition seems to work out better, that is, giving each person one set of duties to complete. If she gets through faster on one day than another, she ought not to be loaded with extra work. Also, a little praise for work well done goes a long way and the pleasure evinced is heartening to all concerned. All personnel in the hospital should be conscious of the efforts put forth by the housekeeping staff. Such incidents as spilled water, powder trailed from an operating-room floor by stretchers and footfalls should be cut to a minimum; visitors should be asked to remove overshoes before entering wards; in fact, everything possible should be done to avoid untidiness. To avert trouble between the housekeeping staff and the nursing staff, care must be taken to have the housekeeping schedule dovetail into that of the ward schedule. For example, sweeping floors when dressings are being done is, of course, out of the question and would cause friction and delay; meal hours must be avoided when dusting,

*America's Housekeeping Book, compiled by New York Herald Tribune Home Institute, 1945. Publisher: Chas. Scribner & Sons, New York.

etc., has to be done. By making meal-time an event in the day's routine, it is easy to institute a policy that *all* personnel available should take part in the quick and efficient distribution of trays to the patients and similarly in the return of the trays to the pantry. It follows that sweeping, dusting, etc., just automatically stop if all personnel are required for tray service.

Although a straight eight-hour day is advocated, it will be found that, in many instances, housekeeping workers prefer two hours' rest during the afternoon. This rest should not be disturbed. When the staff returns later in the afternoon there are many duties that can be carried out then, such as cleaning of windows, replacing clean curtains, cleaning silver, etc.

Proper equipment for cleaning and proper storage space for such should be provided. Dusters should be of a fast color and even torn linen, only good for dusters, should go through the dye-pot. A good wall-brush and radiator-brush are essentials although not always included in ordinary cleaning equipment.

Floors should not be so highly polished as to be dangerous. Baseboards, window-sills, and finger-marks on doors and elsewhere should have daily attention. Proper facilities for the cleaning of toilets, bathtubs, etc., will greatly minimize this unpleasant task. By polishing up the "handle of the big front door" all things pertaining to that entrance have to live up to the brightness of the brass. What is more attractive and inviting to the sick stranger than a well-kept entrance even though the word "welcome" is not on the doormat? The rear door should be as clean as the front door. A nurse superintendent does not waste time if she takes a ten minute stroll around the *outside* of the building each day, possibly leaving by the front door and re-entering by the back door. She is likely to spot many housekeeping defects, such as sagging screens, ripped blinds, limp curtains and, possibly, the usual debris that an unthinking public might scatter in the vicinity of the building. She might even find that by having gravel on certain paths or roads, instead of mud, less would be carried into the hospital that later would have to be swept out. A building can very quickly acquire a "run-down" look and seem drab and uninteresting. If, on the first approach, a board of managers does not see the need for painting or alterations, the project should not be lost sight of. It should be remembered that the board has to consider very carefully the expending of public monies but the persistence of a nurse superintendent often brings about the desired result—provided she can show that the necessity really exists.

If a nurse is contemplating changing over to small hospital management, she might get in touch with the purchasing agent of her own hospital. It is no sin to display one's ignorance and the purchasing agent will be glad to advise her of the proper soaps, starch, abrasives, polishes, etc. By having a list of all such items and the reference book mentioned above, she will at least have a basis on which to start. As time passes, when possibly newer or better materials are on the market, she will have had enough experience to make a sound choice.

The laundry is an important part of the hospital and this, too, comes under the supervision of the nurse superintendent. If she finds that the linen is well washed and ironed, she should be content to leave things that way. However, it would be wise to have the procedure tabulated and filed away for future use. If, however, the linen is drab and grey, investigation should be made immediately. The laundry should be watched in operation and several things might be found as reasons for poor washing: faulty sorting of linen, hard water, too heavy loads in the washing-machine, wrongly proportioned ingredients in the washing formula, improper timing, rinsing, or drying. If there is a large institutional laundry in operation within a reasonable distance, it should be recommended that the person in charge of the laundry of the small hospital be sent there

under a master laundry-operator for a week or so. This will pay dividends, not only in the appearance of the linen but in the wear and tear and in the use of laundry supplies. Having had the benefit of expert laundry operation, a proper routine formula should be established. This should be put into readable form, typed, and posted in the laundry, remembering to retain a copy for reference file.

The maintenance of linen is simple if a proper procedure is followed. All torn linen should be kept apart when sorted in the laundry. Stains should be marked before linen goes to the laundry and the cause of the stain noted. If a hospital is not large enough to employ a full-time seamstress, the nurse superintendent definitely should not try to handle repairs herself. If she does attempt to do this, she will be confronted with the torn linen piling up to an astonishing degree in a very short space of time, which will lead to shortages on the wards. Her duties are so manifold and so often urgent, that the repairing of linen seems unimportant in comparison and will be left until a day when there is not so much to attend to. *That day never comes!* It would be well to find someone in the town (who would be glad of a few hours work each week) to keep torn linen from accumulating. It might also be possible to have one of the laundry workers take over this duty as it then serves a dual purpose by arousing more interest in reducing the quantity of linen being torn in the laundry. A supply of "new" linen should be stored ready for circulation to ensure an adequate supply always being available over holidays or when laundry equipment breaks down. New linen could be issued only to cover the emergency and later returned to stock. All linen should be adequately marked and misuse strictly forbidden. In the small hospital, older linen can be stored in an appointed spot so that it can be quickly put to use when acids or any staining fluid have to be used in the treatment of a patient. Inventory should be taken at least four times a year.

Blankets: Purchasing of blankets should be done with caution. A sample blanket should be obtained and washed several times before making final purchase of a quantity. By having the *sheets* long enough (108 to 112 inches) to afford a good "turn-in" blankets are not as likely to become soiled. They should be aired on the clothes-line for some hours following discharge of a patient and washed when necessary. Enough blankets must be in circulation to allow for this. The methods for blanket-washing should be included in the laundry instructions. Protectors for "over-throw" blankets in use can be made by having the top eighth or quarter encased in an envelope-type of cover made of sheeting.

Pillow-cases should be long enough to come well over the ends of the pillows. The pernicious habit of filling the pillow-cases with soiled linen and throwing them down the chute should be prohibited as the strain greatly reduces the life of the pillow-case. Pillows should be kept free of dust and powder, well beaten, and well aired. If soiled, they can be put through the washing-machine although they take quite a time to dry, even in the heater.

Mattresses should be well protected, well brushed, well aired. Enough clean mattresses must be on hand to permit this procedure to be carried out. After a mattress has been treated, an ordinary sweeping-broom, kept for the purpose, can be used to give a final brushing, using a 2 per cent Lysol solution. This should be done outside.

Storm and screen windows: As the proper use of these definitely affects the housekeeping, sufficient time should be given when they are to be changed at the proper seasons so that windows may be cleaned, screens brushed off, etc.

Insect pests: Flies may be kept down by various methods. If a hospital is unfortunate enough to be infested with cockroaches there are several kinds of deterrents on the market today and some firms contract to keep pests down by treating the crevices, etc., several times a year.

This is an excellent service and worth the expenditure.

There is no end to the details of housekeeping but with a good start one learns as one goes along and this phase of hospital work becomes most fascinating. A nurse superintendent quickly learns that she has to have knowledge of many phases of hospital management but if she is willing to learn and meets all situations with an open mind, there is always help.

Bedside Nursing—An Essential Service

C. E. M. ROWLES

THE FACT that bedside nursing is an essential service should not be questioned by any nurse who is a worthy member of her profession; neither should it be the subject of debate on the part of any who come in contact with nursing in any way. After many years of experience in various fields, I realize as never before that at the core of all our learning is something that has been a part of all nurses since the beginning of time. I refer to that desire to serve humanity in general, and suffering humanity in particular, which should activate all candidates for, and members of the nursing profession, and which should serve as a guide in all branches of work in which nurses are now participating.

It is a far cry from the earlier days when a nurse's knowledge was limited and her initiative cowed, to the present with its chances of development. Many factors have been responsible for this, notably, the rapid advance of the sciences, including the discoveries in the field of psychology, the emancipation of women, and the higher level of education among nurses.

Jensen, Redcliff, Alta.

MARY ROWLES

The modern nurse should be a creature of many talents and gifts, ready to adapt herself to any circumstances, and able to give comfort and contentment to those around her. We cannot create this individual by pouring certain potentialities into a mould, just as we are unable to classify all our patients under certain headings. In either case, no two individuals will ever be the same. Nurses will venture into new fields, will encounter peculiar problems of their own; and patients, although suffering from identical diseases, will exhibit unusual symptoms and characteristic mental reactions. In every case there is a nurse who is able to cope with the particular patient in question but, unfortunately, these two seldom meet. It is left to us, as individuals, to render what service we can, as intelligently and as competently as possible, to whatever patients may be ours.

This situation brings into being many problems, depending upon the character and disposition of both nurse and patient. That these problems may be solved is the primary concern of the nursing profession, and the solution usually lies in the provision of adequate and skilful bed-

side care for the patient. It sounds like an easy solution, but nurses in the various fields of nursing know that it is not as simple as it sounds. Each case and each field brings its difficulties and, if these are to be surmounted and efficient service rendered, nurses must have an intelligent desire to understand and serve their patients, and must be given the opportunity and time to do so.

In the course of my nursing career I have encountered many of these problems, some of which have been overcome and others which remain unsolved. In the light of my experience, I would like to present some facts for consideration—not endeavoring to prove that bedside nursing is an essential service, but taking that fact for granted, and showing how it may best be provided.

The Student Nurse

When the young student first enters the school of nursing, her conception of the art she is about to learn is vague. It is a compound of Florence Nightingale, nurses as depicted in the movies, and ministering angels. I am afraid that most of us approach our chosen profession knowing far too little of what is ahead. Looking back on my first days in hospital, I recall my disappointment at spending so many hours in the classroom, and my ambition, tinged with fear, to venture into the wards and really to do something for one of the patients. That bedside nursing is an essential service the student learns through a process of trial and error. How many of us can remember the patient's petulant complaint that the pillows were not arranged in the competent manner of Miss Smith—the same Miss Smith being a private duty nurse of many years' experience, to whom pillows were things made to do her bidding, and not shapeless masses of feathers always lumpy in the wrong places.

Unfortunately, in these hectic days of shortage of nurses, both graduate and student, and of an increased curriculum that at times seems to stress certain sciences to the exclusion of the nursing arts—at least to the mind of the bewildered student—it is small wonder that many of these skills are in danger of being lost. The student still learns how to make a bed, and how to make a patient comfortable, but how often does she find the time to do these things in such a way that she feels satisfied with her work, with the patient comfortable and relaxed? How often must she refuse the request of the patient because she hasn't the time? How often must she leave certain procedures unfinished or imperfectly accomplished, because it is time for lecture?

There are certain aspects of this problem—that of impressing upon the student nurse the necessity of perfect bedside care—that are irremediable at the present time. Until students have more time to learn the art of nursing, and then to put these principles into practice, there is a danger that this side of our professional knowledge will be neglected or imperfectly learned. However, as a final thought in the problem of the student nurse, may I ask you to consider what of the student who has taken her course in the last few years of stress? What of her reaction to nursing in general and bedside nursing in particular? Can she be judged in the light of the experience of those of us who assimilated our art during more leisurely and less complicated days? It will be our duty, more than ever before, to help these young women to a better understanding of the true meaning of our profession.

The Private Duty Nurse

When a patient requests, or a doctor recommends, the services of a private duty nurse, it is usually because something extra in the line of bedside nursing is required. The day of the spoiled, indulged patient, retaining and treating her nurse as something little better than a superior ladies' maid, has gone for the time being, and let us hope it will never return. The private duty nurse should be, and usually is, the bedside nurse "par excellence"; and I think that private duty, properly accom-

plished, must be nearer the ideals of Florence Nightingale than any other branch of our profession.

During many arduous years, private duty nurses have soothed innumerable patients, relieved countless pains and stresses, been at hand through long and weary nights with the drink of water and the cheering word, and at the same time have kept in touch with what was new in their profession, travelled weary miles to and from work, and been the victims of unpaid services. Now that hours are shorter, these heroines—and only too often they are the unsung heroines of our profession—are able to lead a fuller life, and find time for other activities, which things are needed if their present high standard of work is to be maintained.

As one whose experience in the private duty field was short, I take this opportunity of pointing out the role played in bedside nursing by the private duty nurse. She receives no medals or decorations; she has not a suite of rooms in the nurses' residence. No regular hours are hers. Plans cannot often be made and such as she has are frequently broken. It is not an enviable lot, but I am sure that the private duty nurse, who enjoys her work and makes of it the perfect thing it so often is, must have some satisfaction that the rest of us seldom attain, no matter how publicized our work may be.

The Matron of a Small Hospital

I wonder how many nurses have shared the experience of being the matron of a small hospital on the prairie? When one's duties include such varied activities as ordering supplies, keeping accounts, collecting bills, planning menus, and hiring personnel, both professional and sub-staff, and at the same time taking the responsibility of perhaps fifteen to twenty-five patients, including the supervision of operating-room and case room, ward routine and simple laboratory work, it is small wonder that some phase of the work is neglected.

Only too often it is the patients who suffer. When the hospital board is asking for ledgers and bills to be up-to-date, the medical staff is requiring help for surgery and obstetrics, the cook is asking for permission to buy fruit for canning, and salesmen are waiting to be interviewed, it is often impossible that patients shall receive more than routine care. This example has not been taken from a "Nurse's Nightmare"—it is an actual example of life in a small hospital of fifteen beds, staffed by two nurses, (one of whom was the matron), one ward aide, and a cook. In addition, life was made more interesting by coal-oil lamps, coal stoves, and water in a pail.

What of the bedside nursing under these conditions? Is it not as essential there as in the large city hospital? It is often far more important, as in these small places patients are taken to hospital only when acutely ill, after travelling many tiring miles over bad roads in uncomfortable vehicles. To the weary mother from the remote farm, her period of convalescence following confinement represents the only time in her life when she is able to stay in bed and be attended by others; when clean white sheets are put on her bed, without a thought of the countless pails of water that must be carried for the washing at home, which has to be done over a tub and wash-board. Often the hospital diet is the most varied such a patient has had for years, as fresh fruit and meat are luxuries when one lives many miles away on the prairie. Of course, there are cases like these in the larger hospital, but possibly not in as great a proportion to the total number of patients, and I do make the plea that the matron of the small hospital shall have more time to be a nurse, and less obligation to be a Jack-of-all-trades. The prospect of work in a remote place is not attractive to young graduates, but even a short time in a small hospital can provide one with experience that is invaluable. Like many other phases of nursing it is not glamorous, but the feeling of satisfaction given by work well done is very warming, and will make one's

heart glow for years with the memory.

District Nurse

The district nurse, who travels many miles on horseback, wagon, or sleigh, and arrives far from all sources of supply only to discover a pneumonia case with a temperature of 105°, knows the meaning of bedside care. Not only does she bathe and care for the patient, often preparing meals, but she has to cope with many other problems, which cannot be classified under the heading of nursing. After all, are we not taught that a nurse cares for the patient both physically and mentally? Of what avail is it to provide physical care for the mother of a family, be it done ever so perfectly, if her mind is distressed about who will prepare dinner for the children? Bedside nursing, in the vocabulary of the district nurse, is an elastic term, and some of her activities would probably be looked upon with jaundiced eye by those whose professional life has never gone beyond the boundaries of the larger institutions.

It is essential that the district nurse be a good bedside nurse, but she must also possess many other talents. As in all public health work, she must be able to instruct others in the care of the patient, and that cannot be done unless she herself is perfect in her skills. However, though her skills may be perfect, without that touch of humanity which sets her above the common run of individuals, they will be sterile and comfortless to the patient. Bedside nursing is often carried out with great difficulty under these circumstances, sometimes even with hardship for the nurse; but where is the challenge if the path is always smooth? How shall we find an improved means of bedside care if no problems arise? The district nurse, with her difficulties and innovations, can make a lasting contribution to our knowledge of the art of nursing.

Instructor and Administrator

We have seen the importance of bedside care from the viewpoint of those who give care to the patient, but the picture has another side, and is not complete without a consideration of the problems of those who are called on to provide this service through the medium of others. Above all, it is the duty of the instructor to train nurses. As a former instructor, I know how joyful a thing it is to find a student who always knows the right answers in class, whose examination papers are perfect, and whose records and charts are exemplary. But I also know what a disappointment it is to find that this same student entirely lacks that *something* which is a part of all true nurses. The responsibility of the instructor in the training of candidates for the nursing profession must not be minimized. Especially in these days of shortage of applicants, it is often a temptation to accept an unsatisfactory student at the end of the preliminary period, and more particularly if that student has shown aptitude in the classroom. Although it is desirable that a student be really a student, in the sense that she is diligent in study and theory, we must not lose sight of the fact that to the patient it matters not how many marks her nurse made in anatomy, so long as she is able to give a soothing backrub, and to straighten the draw-sheet in a satisfactory manner.

Superintendents of nurses, supervisors, and head nurses all carry the responsibility for the service provided in the hospital; and to the person purchasing that service it means only one thing—bedside care. Only too often the supervisor, worried about the mechanics of ward management—arranging hours off duty, holidays, mealtimes, visiting hours, lecture periods, and doctors' rounds—is called on to listen to complaints that the flowers have not been arranged today, or that the bell was left where the patient could not reach it. Insignificant things, perhaps, but so important to the patient's mental comfort.

We know it to be an impossibility for the supervisor or head nurse personally to give or oversee each patient's bedside care, but we do

know that it is through them that others will be inspired to do their best—or will be doomed to failure. It is sometimes easy to lose sight of this fact when other problems of an executive nature are begging for attention. The Powers-that-Be seem at times to place records and supplies before the comfort of the patient, although on their side of the eternal argument they have the fact that these same records and supplies are ultimately designed to reach the same end. Bedside nursing should be of primary interest to all who are concerned with the care of the sick. It is our commodity that we have to sell—surely we want to have satisfied customers!

The Nursing Sister

It would not be complete to close this discussion without a word about bedside nursing from the viewpoint of the Nursing Sister. When casualties were admitted by the hundred, and the census of the ward sprang from 0 to 50 in half an hour, it was very difficult to decide what needed most to be done. When supplies were either short or lacking, certain hospital routines had to be discarded, and bedside care became a thing of imagination rather than of rote. I think many of us will recall the look of satisfaction on a man's face when he was put into a clean bed, dirty as he was, and when he was given a meal not taken from a ration box.

To the wounded soldier, the Nursing Sister was a link with home, and many of us will never forget the pleasure on the face of a casualty when he found that the Sister came from "his" part of Canada. When one is far from home these things hold a magic that is not present under normal conditions. It is perhaps easier to satisfy a man who is worn out with fighting and travelling, and who wishes only to rest, than the average patient in "Civvy Street," and the gratitude of the patient is magnified accordingly. It was bedside nursing in its primitive sense, and it brought many never-to-be-forgotten lessons, chiefly, I think, that successful bedside care takes many forms. It is physical, mental, and sometimes spiritual; it is variable according to conditions; it may be highly skilled, needing intricate equipment, or it may be the most simple thing in the world. It was our job to see what needed to be done, and to do it, irrespective of conditions, equipment, and personal comfort; and it was a job that brought its own reward.

The Patient

After many years of learning, and then teaching others that the patient always comes first, this very important person has been left to the last in this discussion, perhaps because we all know what bedside nursing means to the patient, whether in hospital or at home. Any of us who has been ill can recall the morning after a restless night, when a nurse in snowy apron came in at the door, and with little fuss, and probably fewer thanks, created order out of chaos, and left us sleeping peacefully, reassured, and contented that all was well with the world. Or the night when pain was too close a friend and one wondered whether morning would ever come! That little student nurse, who came in and rubbed the aching back or smoothed the pillow, somehow banished all the bogies that had been there so short a time before.

With memories such as these we cannot doubt that bedside nursing, as such, will always be an integral part of nursing, without which our profession might be built on sand, instead of on that very firm rock of service to humanity.

Correction

The work of the leper hospital at Carville, Louisiana, is supported by the Federal Government of the United States and not by the American Mission to Lepers as inferred in the article on page 1051 of the December, 1946, issue of the *Journal*.

The Late Cancer Case

GEORGE S. YOUNG, M.D.

SOMEWHERE between 33 and 38 per cent of all patients with cancer presenting themselves for treatment recover, at least in the sense of being free from symptoms at the end of five years. But these figures must not be confused with the much larger percentage of recoveries in cases where treatment is early and adequate. The first figures quoted include far-advanced cases and also those in which surgery and radiation are still indicated, although not with the same promising outlook for cure as in the early cases.

However, we cannot escape the fact that, under the present management of cancer, approximately two-thirds of all cases reach the stage where apparently all that can be done is to relieve the patient's discomforts as far as possible and to hope that the road will not be too rough. Sometimes one is even tempted to hope that the end of the road may not be too far away. Of course, the road could be shortened by giving a lethal dose of some drug like morphine. Euthanasia in such cases has long had its advocates. Theoretically, it sounds all right. Why prolong suffering which can end only in death? But does it always end in death?

The fact is that rarely, if ever, can it be said that a patient is absolutely incurable and must inevitably die of cancer. There is the possibility of a wrong diagnosis. Biopsy is considered to be the final court of appeal and yet medical literature contains many instances in which the biopsy diagnosis was found ultimately to be a mistake. X-ray diagnosis has a greater percentage of error than biopsy. A diagnosis from clinical observation alone is notoriously uncertain. Then there is the faint chance of spontaneous cure or regression of a malignant growth. Cancer of the colon or rectum may allow the patient a fair measure of health for several years after intestinal obstruction has been relieved by a simple colostomy and the same may be said of the recent use of stilbestrol in the treatment of prostatic cancer.

In view of these possibilities the door of hope should seldom, if ever, be closed against the cancer patient. Certainly the situation should be discussed frankly with at least one member of the patient's family. And this brings up an old question: Should a patient be told that he has cancer? Remember that this article deals only with the late cancer case. If he has reached the supposedly incurable stage and hasn't learned of the diagnosis at the outset it would seem needless to tell him now, unless he has business affairs to settle or asks a direct question. This applies particularly to old people whose condition puts surgery and radiotherapy out of the question. Frequently patients know the answer themselves and actually avoid asking questions. Whether they know the truth or not it is better for them (and their families) to fight and lose than not to fight at all.

Roughly about one-third of the late cancer cases spend their last days in a hospital. Leaving aside sentiment there would be much to be said for this if there were institutions specially planned for the care and treatment that supposedly incurable patients require. Such institutions could be operated with less expense than general hospitals. At present the great majority of advanced cancer patients are cared for at home and their supervision falls to the lot of the family doctor.

Now what can be done for these patients? Certainly they will need drugs to relieve discomfort, beginning with simple drugs like aspirin, then passing on to the barbiturates and finally to opium derivatives. There is a wide choice here with room for

careful selections to meet individual needs. Habit-forming drugs will be avoided as long as possible.

But this is only a part of the treatment. The patient will not be confined to bed unless there are definite reasons for keeping him there. *The hours are longer in bed than in a chair.* If he must stay in one room it should be chosen with attention to warmth, daylight, sunlight, and ventilation. Mental occupation should be encouraged even if it means working on a cross-word puzzle or playing some simple game. *Anything that distracts attention lessens pain.* A nurse who can build up a fighting spirit against heavy odds is doing her patient an invaluable service.

Then there is the question of diet; patients with advanced cancer are likely to develop vitamin deficiencies which can be controlled. Endocrine disturbances like hypothyroidism may occur and be helped by treatment. Severe anemia may be relieved by iron or liver extract.

These few suggestions are offered merely to emphasize the importance of a definite plan in the treatment of late cancer. Much of it must be psychotherapeutic and its success may depend on the nurse more than on any other person.

New Textiles

People who have been accustomed to regard cotton, woollen, and linen fabrics as the most suitable, lasting, and satisfactory materials from which to fashion clothing or household necessities are due for a pleasant surprise when the new synthetic fabrics become available for use.

According to the experts, the new textiles will be easier to look after; laundering will replace dry cleaning in many articles; others will be mothproof, shrinkless, and greaseless.

A wool-like product made from the casein protein of skim milk, known as Aralac, is warm, soft, and lustrous, but not quite as strong as wool, especially when wet. It is, therefore, seldom used alone but is blended with spun rayon, natural wool, or cotton. However, unblended Aralac has been utilized in coat interlinings, batts for filling comforters, and in felts. The versatile soybean has added another child to its already large family. The development of the soybean textile has not gone beyond the fibre stage, but experiments showed that, although it is weaker than wool, it is almost as warm and has good resilience. Another synthetic wool-like fibre is being developed in England from the protein content of the kernel of a peanut. This is made in short staple lengths. While not strong enough to be used alone, it is said to be excellent in combination with wool. It is mothproof and much cheaper than wool.

New developments in rayons are also coming to the fore. Certain dyestuffs on acetate rayon, notably shades of blue, are now being treated with "Chromostatic" finishes to combat gas fading. Methods have been found to stabilize rayon fabrics to overcome shrinkage and stretching. While in the past the tensile strength of ordinary rayon yarns was comparatively low, high tenacity rayons are now being distributed by Canadian textile companies.

Nylon foundation garments and lingerie are on the books for the near future. An early appearance of "bareleg" hosiery is predicted—nylon stockings circularly knit and steam-set to give them permanent shape. The permanent setting feature of nylon will be an advantage in neckwear and other garments which can be trimmed with pleated ruffles. If set properly by steam the pleats will not budge when laundered and will be as crisp and sharp after washing as before.

Considerable research is being conducted in the production of synthetic fibre from seaweed. Chemically, this fibre will be one of the metallic salts of alginic acid, a seaweed product, and will probably be known as alginate rayon. Its importance in textiles will lie chiefly in the fact that it will be missing in the finished product. Alginate fibre will be twisted in with other untwisted staple fibres like cotton and wool. After it is woven, the material will be immersed in a dilute alkali solution which dissolves the alginate, leaving a soft untwisted yarn fabric. Delicate embroidery, crepe and lace effects may thus be obtained.

—*Canadian Home Economics Newsletter*

A Rare Opportunity

THE CONGRESS of the International Council of Nurses, which is to be held in Atlantic City early in May, provides the first opportunity since 1929 the great majority of the nurses in Canada have had to attend this gathering. Few of us will be able to afford either the time or the money to travel half-way around the world to be present at future congresses to join with our colleagues from many lands in thinking and planning for the future.

In the months that have elapsed since the formation of the United Nations Organization, we have all seen how important yet how difficult this world-wide co-operation is to achieve. It is natural that this should be so since the ideologies, customs, habits, and the thinking, planning, and practice of each country present so many varied patterns. Today we are being forced to think internationally. If our civilization is to go forward, nay, even to survive, there must be recognition of the points of difference and conscious efforts must be made to find the means to weave these differences in thinking, in the way of doing things, into a fabric that is a blending of all the elements. The risks attendant on going forward together are much less than the risks if each tries to stand still alone.

The Notes from National Office in the February issue of the *Journal* contained the twenty-two points on which the United Nation Health Organization is founded. Read them again and visualize into how many of these the structure of nursing the world over penetrates. Such functions as: "providing . . . health services," "eradicate epidemic, endemic and other diseases," "prevention of accidental injuries," "promote maternal and child health and welfare," "foster activities in the field of mental health," "developing an informed public opinion . . . on matters relating to health"—these functions are all as familiar to Canadian nurses as the routine duties on our wards or in the office of the school nurse. Yet they are all part of the pattern of international thinking.

The direction in which nursing education will develop in the years to come is a problem common to all countries. The recruitment of suitable candidates to enter schools of nursing, the curricula of these schools, the opportunities for affiliated experience in psychiatry, tuberculosis, public health nursing, the shortage of well-qualified instructors and supervisors—none of these is peculiar to Canada. Discussion of all of these points internationally is valuable and should have far-reaching effects.

Though the convention hall in Atlantic City is large, it does not have elastic walls. Hotel accommodation will be at a premium. If you want to be there, to participate in the sessions of the Congress, your reservations should be made at once. It is a golden opportunity for nurses of Canada to mingle with their international colleagues, but you will have to act promptly. —M.E.K.

Accommodation in Atlantic City

Nurses who are planning to attend the Congress and who have not yet made reservations for accommodation are requested to do so immediately. Single rooms are very limited in number so please arrange to share twin-bedded rooms. Application forms may be obtained from your provincial executive secretary. Send them to the chairmen of the following committees at 16 Central Pier, Atlantic City, New Jersey:

Catholic Sisters and Deaconesses: Wilkie Hughes, R.N.

Student Nurses: Mrs. Gordon Salmon, R.N.

All others to: Housing Bureau.

Plans for Visitors from I. C. N. Congress

National Office, C.N.A.

DURING the past year it has been the privilege of National Office staff to welcome, on behalf of the Canadian Nurses' Association, visitors from many lands and places. Such visits are extremely interesting and valuable in so far as National Office is concerned, and from reports received from former international visitors it is believed that such contacts are mutually beneficial.

From enquiries being received, it is anticipated that many nurses who are planning to attend the International Council of Nurses meetings in May will also include in their itinerary a visit to Canada. The Executive Committee of the Canadian Nurses' Association has arranged for the general secretary to be relieved from other duties following the International Council of Nurses Congress so that she may devote her entire time to international visitors. If desired, National Office staff will interpret the activities of the Canadian Nurses' Association and will also give an overview of the Canadian nursing scene.

Information and assistance in program planning will be given as well to those who wish to visit other parts of Canada.

School for Graduate Nurses, McGill University

The School extends a welcome to nurses who are planning to visit Montreal following the International Council of Nurses meetings in May. While the School will not be in session then, its staff will be prepared to interpret its program and to arrange for conferences which might seem desirable. It would be appreciated if nurses wishing to visit the School would indicate in advance what type of program they would like, the dates of arrival, and how long they might wish to stay.

School of Nursing, University of Toronto

In view of the number of nurses who may be considering a visit to the School, special plans have been made to provide, during the coming months, a limited program for the particular purpose of meeting requests from nurses who plan to attend the I.C.N. meetings in May.

This School is willing to receive visitors at both of the following periods: May 19 to May 30, inclusive; June 9 to June 20, inclusive. A general program will be offered but this will allow for some particular adaptations to meet special requests. The School cannot receive any visitors at all between April 15 and May 19, or during the first week of June; nor can it receive visitors at any time during the coming summer except in the two periods stated above.

Visitors are requested not to plan to remain less than the proposed two-week period, as shorter visits yield little profit. However, everything possible will be done for anyone who might wish to come for a shorter period, providing that the beginning of the visit coincides with one of the dates given above, namely, May 19 *or* June 9, and providing the visit is not less than three full days in length, and that it is made only for the purpose of conference, not for study of the work of this School. The School regrets that it will be impossible to receive visitors on any other dates, but there are not enough staff members here to make anything more possible.

He who fears criticism is hopeless. Only those who do things are criticized. The idler is lost sight of in the march of events, but the doer is watched and criticized.—THOMAS JEFFERSON

PUBLIC HEALTH NURSING

Contributed by the Committee on Public Health Nursing of the Canadian Nurses' Association

The Use of Volunteers

HELEN MCARTHUR *and* SHEILA MACKAY

MISS Ruth B. Freeman, in her book "Techniques of Supervision in Public Health Nursing," stated that "Thoughtful use of every available facility will release time for many real nursing tasks and promote better total service to the family. Voluntary workers and nurses' aides are often utilized at tasks which are far too limited in scope for the general and specific training they have had." And therein lies the gist of a problem which has been attracting the general attention of Canadian public health nurses for some time. In December, 1943, something of an attack was made upon it when the Public Health Nursing Section of the Canadian Public Health Association published a study on the "Use of Volunteers in Public Health Nursing" in the *Canadian Journal of Public Health*. And in 1945 the matter was broached again, this time by the Public Health Nursing Section of the Canadian Nurses' Association, when it was decided that, in view of the fact that the valuable service rendered by volunteer organizations during the war might be lost to peace-time programs if steps were not taken to organize the service, a follow-up of the first study would be extremely timely. Accordingly, this was undertaken by the Education Committee under the chairmanship of Miss Madeline McCulla.

Questionnaires were sent to the Public Health Sections of the nine provincial associations for distribution to all voluntary and official agencies in each province. Their purpose was to ascertain whether or not the use of volunteers is on the increase in the public health field and, simultaneously, whether or not there are techniques being developed to increase the effectiveness of their service.

The results were as follows: Replies were received from fifteen voluntary and twenty-one official nursing organizations. Of these, six official agencies stated that a volunteer program had been initiated in their organizations since 1942. Eight official agencies reported that they were recruiting volunteers from non-health agencies such as the Central Volunteer Bureaus, Red Cross Corps, and lay committees. Findings seemed to indicate, however, that volunteers were usually recruited through personal contact by the nurses—often through their participation in community welfare councils of various types, although it was reported by one branch of the Victorian Order of Nurses that its local committee had made itself responsible for the provision of volunteer assistants.

As it is an accepted fact that, in order for volunteer service to be effective, a careful plan must govern its development, questions on training and supervision were included, and replies to these indicated that in eight of the agencies reporting, such a

plan was in effect. For example, in one official agency an orientation program, including an outline of the agency's services and the explanation and demonstration of duties to be undertaken by volunteers, had been developed. A monthly report on each volunteer, emphasizing such points as regular attendance, general ability, reliability, and interest was also forwarded to the volunteer agency providing workers. Another organization has formed its volunteer workers into committees and gives careful training to each committee in one specific line of duty. In still another instance, the training and supervision is done under the Red Cross Corps which gives courses in home nursing and first aid.

Three agencies reported postwar plans for the use of volunteers. Of these, an official agency plans to continue their use in child health centres and tuberculosis surveys, while another official agency is having the Red Cross make a survey of the crippled children throughout its home province. The third, a voluntary agency, plans to continue with volunteers in baby clinics and possibly in the bedside care of chronic patients.

In reply to the question, "Is a plan being considered to utilize volunteer workers, who have been organized for war services, in your postwar program?", many admitted that, though the idea undoubtedly had merit, very little planning towards this end had been done. A few replies gave the opinion that the use of volunteers is limited and that "if public health service is worth having it's worth paying for." However, the reply, "We could use volunteer workers more than we do," seemed to sum up the general concensus regarding the position of the volunteer in public health nursing practice in Canada at the present time.

To summarize then, it would seem that personnel shortage is undoubtedly the headline problem of health agencies at the moment, and that volunteers could do much to alleviate it. As previously emphasized, however, they not only need to be trained and supervised but, to maintain their interest and enthusiasm, they must be given encouragement. It is believed, too, that even when staff shortages are relieved by trained personnel, the volunteer worker will be able to render many services, which will allow the public health nurse to devote more time to phases of her program which she had not previously been able to develop. In support of this view, the manual published by the National Organization for Public Health Nursing has made the following statement: "It has been found that in agencies where time has been taken to recruit volunteers, teach them, and develop their capacities, the work of the agency has flourished through wider community undertaking, and time and money have been saved for the expansion of the strictly professional phases of the program."

The study upon its completion was presented at the meeting of the Public Health Nursing Section of the Canadian Nurses' Association on July 3, 1946. At that time, it was suggested that study of the problem be continued by the Education Committee in the coming biennium, and that definite recommendations regarding the qualifications, training, and supervision of volunteer workers be drawn up, as well as suggestions for methods of co-operation with women's groups who are ready to provide such workers. The hope was also expressed that publication of the foregoing summary of the study would be an incentive for further expressions of opinion, in the form of articles in *The Canadian Nurse*, by public health nurses who are acquainted with the use of volunteer workers.

An Addition

Public health nurses are asked to add the Health League of Canada, 111 Avenue Road, Toronto 5, Ontario, to the list of sources of health education material found on page 1031, December, 1946, issue of *The Canadian Nurse*.

INSTITUTIONAL NURSING

Contributed by the Committee on Institutional Nursing of the Canadian Nurses' Association

Our Own Page

CANADA'S BORDERS stretch far and wide—to the east and the west, to the north and to the south. How difficult it is for us to keep in touch with one another in our vast Dominion! Many of you already know that through the pages of *The Canadian Nurse* you are able to be a link in a strong chain which does bind us together. It has been found in the past, however, that more active participation is taken by some than by others. This is rather unfortunate, as in this way it is difficult to find hidden talent. Then, too, it is hard to appreciate the other fellow's undertakings and understand his viewpoint if it is not made known to all. It was this need of unity and understanding between ourselves that gave birth to the program which we are about to outline.

At an executive meeting of the Institutional Nursing Committee of the Canadian Nurses' Association, a convener for Publications was appointed. At this meeting it was felt that a subject of keen interest to all was that of personnel policies and procedures. Here was something where everyone could actively participate! The first step taken by the convener was to write to each province to explain the plan, ask for approval and the privilege to set up a small committee who could draw up the subject in detail and then allocate a topic for each province. The replies were most gratifying, all showing enthusiasm and the need for such an undertaking. We were on our way!

In drawing the plans the committee felt that it would be necessary to develop the articles in a fairly uniform pattern, particularly when the articles were to be in sequence. Nine headings were developed and each was divided into five parts. The following are the various headings and each will be discussed under the parts of: A. general floor duty; B. private duty nurse; C. head nurse; D. supervisor; E. teaching staff.

1. Personal interview: (a) application; (b) use of the placement bureau; (c) references; (d) interview.
2. Job analysis and orientation.
3. Salary schedules and promotion.
4. Annuities and pension plans.
5. Living and working conditions, including health program, sickness, vacation.
6. Transfers, discharges, and methods of resigning; the responsibilities of a position.
7. Personnel guidance.
8. Value of adequate supervision.
9. In-service education; survey—what can be done—what is being done.

The first article is to come from Prince Edward Island. From there we shall hear from the prairie province of Saskatchewan. Then—watch your *Canadian Nurse!*

Of course, a program like this could not be carried out if it were not for the co-operation being given and which we are confident will continue

to be given. No one person—no one committee—no one province—can do it alone! With enthusiasm, co-operation and active participation from all, we can keep the articles flowing for *The Canadian Nurse* and in this way appreciate the other person's achievements, her problems, and her work. All this will show that no matter where we are, whether it is in the north or south, in the east or the west, our problems are still somewhat similar. We will find that in sharing our achievements and our problems, we can prevent as well as solve some of our difficulties. What better way to link ourselves together than this!

MARGUERITE E. SCHUMACHER
Chairman, Sub-Committee on Publicity of the Committee on Institutional Nursing

A Short Work Week

A Tennessee hospital has set a precedent for the nation's seven thousand voluntary hospitals by proving the 40-hour week for all hospital personnel is possible as well as profitable, according to a report published in the January, 1947, *American Journal of Nursing*. The 40-hour schedule has been operating successfully since October, 1945, at the Holston Valley Community Hospital, Kingsport, Tenn. The superintendent's report states there is "no comparison between the hospital today and the hospital a year ago. There is more efficiency all along the line; more work is being accomplished in a given time and the quality of the work has greatly improved. In addition, the illness rate among nurses in particular has dropped noticeably."

That working hours rather than salaries were a basic cause of the shortage was evident from an informal survey made among former nurses who served in the Army and Navy or who had left hospital nursing for similar positions in industry, doctors' offices, schools, and other non-institutional fields. Many stated they "wouldn't work in a hospital again no matter how much they were offered," but all agreed they "missed hospital work and found it more interesting than other nursing positions."

It was this opinion that convinced Miss B. W. Mears, the superintendent, that the hospital must find a way to shorten hours. With salaries remaining the same, work schedules were made out on the basis of a straight 8-hour day and 5-day week. The medical staff co-operated by agreeing that no elective work should be done in the operating-room, x-ray, or laboratory on Saturdays or Sundays. Moreover, schedules were arranged so that each nurse had off one long week-end a month—Saturday and Sunday of one week and Monday and Tuesday of the next—thus having the four days of the two weeks run consecutively. It was unnecessary to add extra personnel except in certain departments that operated regularly on a 24-hour schedule, such as the emergency room.

To the surprise of everyone, as much if not more work was accomplished in five days than had been accomplished previously in five and one-half and six days. This was in spite of the fact that when the 40-hour plan was being considered, "we did not have enough nurses to cover the hospital even if they worked 72 or 84 hours a week, for the hospital was at least 50 per cent understaffed."

Miss Mears admits "it would be foolhardy to say we have all the nurses we need, but we do have the number set as our quota when the 40-hour week was adopted." Nor does the hospital have as high a ratio of graduate nurses to patients now as before the war because it has been found that "many duties formerly performed by graduate nurses can safely be assigned to nurses' aides or attendants, thereby conserving the time of the graduate nurse for professional duties."

Miss Mears concludes her report by stating that while the 40-hour week is not the whole answer to the personnel dilemma most hospitals are experiencing, it is "a big step in the right direction."

Holston Valley Community Hospital is a typical general hospital of average size, having about 150 beds. It has the distinction of having pioneered the 40-hour week among voluntary hospitals. Another policy inaugurated by the Kingsport institution, which has long been urged by nurses' associations, is the payment of higher salaries for the less desirable night and evening hours.

AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

Le Registre Ville-Marie

ANNE-MARIE ROBERT

Afin que toutes les infirmières soient renseignées sur cette question des aides, actuellement à l'étude, nous publierons trois articles dans cette Page. Le premier, un article de Mlle Anne-Marie Robert, directrice du Registre Ville-Marie, nous fera voir la situation à Montréal.

Dans un prochain numéro, Mlle G. Hall vous donnera le point de vue de l'Association des Infirmières du Canada.

Dans le dernier article de la série, Mlle F. Waugh vous parlera de la législation du Manitoba concernant les aides, et de son expérience comme régistraire.

Il est à souhaiter que les présidentes des amicales de nos hôpitaux éclairent leurs membres sur cette question.

Toutes les suggestions que l'on voudra faire à ce sujet seront reçues avec reconnaissance. Veuillez adresser vos lettres à l'Association des Infirmières de la Province de Québec, 1538 ouest rue Sherbrooke, chambre 506, Montréal.

Le Bureau des Infirmières du Registre Ville-Marie de l'Association Catholique des Infirmières de Montréal a été fondé par un groupe d'infirmières distinguées. C'est grâce à leur dévouement que l'organisation difficile du début a pu être maintenu. Je tiens à leur rendre mon plus respectueux hommage.

Ce bureau a été ouvert au public en mai 1936, et depuis le public a bénéficié d'un service continu de 24 heures. A sa fondation le registre comptait 104 membres. Ce service a été organisé pour les infirmières professionnelles, dans le but d'assurer au public les services de gardes-malades compétentes et qualifiées, car la profession d'infirmière est essentiellement une profession de service à l'humanité.

Depuis dix ans qu'existe ce registre, les demandes n'ont cessé d'augmenter. La preuve est, qu'il y a cinq ans, soit en 1941, nous avons répondu à 2,674 appels qui ont donnés 11,987 jours de travail et 1,127 visites et traitements à domicile. Nous comptions 255 membres. L'an dernier, en 1946, nous avons répondu à 9,646 appels qui ont donnés 83,051 jours de travail, et avons fait plus de 980 visites et traitements à domicile. Nous pouvons constater qu'en cinq ans nous avons eu huit fois plus de travail et cependant beaucoup d'appels n'ont pu être remplis. Nous avons à date 430 gardes-malades professionnelles membres de notre registre.

Permettez-moi d'ajouter qu'à notre bureau en plus des demandes de service et des placements, nous nous faisons toujours un plaisir de donner les informations qu'on nous demande afin d'intéresser le public et les gardes-malades à notre profession. N'ayant pu répondre à toutes les demandes du public et dans le but de rendre un plus grand service et aussi à titre d'expérience nous avons enregistré gratuitement 24 aides au Bureau des Infirmières du Registre de l'A.C.I.C. dont une aide-malade de Buckingham, 8 aides-bébés possédant un certificat

de la clinique B.C.G. ou de l'Hôpital Général de la Miséricorde, 15 autres aides ayant fait des stages comme étudiantes gardes-malades dans différentes écoles. Le nombre est restreint à cause des qualifications requises pour l'enregistrement à notre bureau. Des références contrôlées par nous sont exigées pour ces personnes. En plus, nous demandons à l'employeur l'apprêciation de leur travail, ce qui veut dire qu'il y a surveillance, toujours dans le but d'assurer un service plus parfait. Ces jeunes filles bénéficient de notre expérience et de nos conseils.

En 1946, nous avons reçu 956 demandes pour tous genres de services, autre que ceux donnés par une infirmière professionnelle, soit comme aide-bébé, soins généraux aux invalides, surveillance des malades chroniques, etc. Pour chaque appel une enquête est faite afin de s'assurer que le cas ne requiert pas les soins professionnels d'une infirmière.

Nous avons remplies 51 de ces demandes et n'ayant pu répondre aux autres nous avons prié les gens de s'adresser à la Fédération St-Jean-Baptiste.

De tout ce que je viens de dire, le problème le plus difficile à résoudre est celui des personnes ayant fait des stages dans les hôpitaux comme étudiantes gardes-malades et par conséquent ayant acquis des connaissances dans le nursing, sans avoir obtenu de certificat et faisant du service auprès des malades. Quelle doit être notre attitude à leur égard? Je puis vous répondre en toute franchise que le public les emploie sans connaître leur compétence, leur degré d'expérience, et les raisons qui ont motivé leur départ d'une école du nursing. Le public est-il protégé? Cette jeune fille est-elle protégée?

Personnellement, d'après mes six années d'expérience comme directrice des Infirmières du Registre Ville-Marie, des études que j'ai faites sur les bureaux de placements, j'apprécierais fortement une législation exigeant de toute personne donnant des soins aux malades et recevant pour ses services une rémunération, une licence.

En plus, il me semble que dans une ville comme Montréal un bureau de placement pour infirmières professionnelles, aides, auxiliaires, et infirmiers est indispensable pour assurer au public le maintien et le rétablissement de la santé.

En un mot je crois qu'un bureau de placement est nécessaire pour que chaque cas ou position soient donnés à la personne capable de remplir la tâche exigée.

Cooking with Radar

One of the postwar developments which promises to revolutionize cooking methods is the use of electronic heating, much like the diathermy apparatus, in the form of a "radarange." The Raytheon Manufacturing Company, of New York, has testified that by using the magnetron tube developed in connection with radar for war purposes, food can be pre-cooked in seconds, as compared with minutes by older methods. They demonstrated that, by such means, frankfurters can be grilled in 8 to 10 seconds, gingerbread and biscuits baked in 29 seconds, and hamburgers with onions made ready in 35 seconds.

Electronic devices heat uniformly from the inside to the outside, which is just the reverse of ordinary heating apparatus. The former does not draw heat from the electromagnetic spectrum itself. Instead, it plugs into the regular power supply line. Its secret is in stimulating electromagnetic impulses which are beamed upon the food or other object.

Preview

In the afternoons and evenings in the vicinity of any of our hospitals, we may see long lines of people bustling along to visit their friends and loved ones who are patients. What about the sick persons whom they are planning to visit? How do they feel about their visitors? How do the nurses feel about them? You will be entertained and, we hope, instructed by the account, "It's Not the Patient . . . It's the Visitors!" by **Nona Blake** as told to Louise Price Bell.

Notes from National Office

Executive Decisions

THESE summaries have been prepared from reports of various committees and from the general secretary's report presented to the Executive Committee, Canadian Nurses' Association, December 5-7, 1946:

(a) *Discrimination in the employment of married nurses:* The following motion was conveyed by letter to the National Advisory Council of Service Clubs of Canada and to the Canadian Civil Service Association and other appropriate groups, e.g., provincial and civic departments of health; V.O.N.; Federation of Business and Professional Women's Clubs and the National Council of Women:

That the Canadian Nurses' Association endorse the resolution from the Registered Nurses Association of Ontario regarding the discrimination against specially prepared women on the basis of marriage; and, further, that not only should the matter be brought to the attention of the National Advisory Council of Service Clubs of Canada but also to the attention of the Canadian Civil Service Association and other appropriate groups.

(b) The resolution, proposing a *Division of Nursing* (see *The Canadian Nurse*, Sept. 1946, page 799), was conveyed to the Minister of Health and Welfare with copies to other governmental departments concerned.

(c) The resolution regarding *Pasteurization of Milk* (see *The Canadian Nurse*, Sept. 1946, page 799) was submitted to the nine provincial Ministers of Health. Replies were received from six provinces—four approved the resolution and one stated that compulsory pasteurization was already in effect. One province did not favor the section of the resolution which urged that a provincial law be passed requiring compulsory pasteurization because they realized that the passing of such a law would lead to innumerable breaches in many cases, and they did not favor the passing of laws that could not be enforced.

(d) A request was made by the Research Division, Department of National Health and Welfare, Ottawa, for a report from the Canadian Nurses' Association for a study being made by the Interdepartmental Advisory Committee on *professionally trained persons*. On July 24, 1946, Mr. J. W. Willard, Research Division, interviewed the general secretary. Mr. Willard outlined the purpose of the committee, and explained the method of securing the information required and the possible sources of such information. He explained the necessity of having this report completed by September 15.

Much material was assembled by the general secretary before she left for Great Britain. Miss Ethel Johns undertook the work of preparing the written report. In the absence of the president, Miss E. Cryderman, first vice-president, gave Miss Johns the necessary support and help.

It is understood that the report is being printed by the Federal Government and copies will be available soon for distribution to members of the Canadian Nurses' Association. We now have a report which will be of inestimable value in answering the innumerable requests for statistical data.

(e) *International visitors:* At the request of Miss M. E. Tennant, director of nursing, Rockefeller Foundation, arrangements were made for conferences between directors of health and nursing services in Mont-

real and Miss Eli Magnussen, director of nursing in the Danish National Health Service. We endeavored to give Miss Magnussen information on the general nursing situation in Canada. During the war she had been a prisoner for seven months (for which she accepts no sympathy) and says it was an interesting experience. She impressed us as being a woman of great courage and high character.

Section Reports

General Nursing Section: Reports show a general shortage of private duty and general staff nurses, with an increase in requests for private duty nurses and a decrease in enrolments with the majority of placement services. Fewer nurses are accepting positions in doctors' offices. Several provinces reported a study of fees and hours of duty underway, with a view to securing more uniform fees and hours throughout the provinces.

Educational programs are being carried out in all provinces. Reference libraries are being set up with books on counselling, etc., made available for registrars as well as nursing magazines and reference books for members.

Hospital and School of Nursing Section: The following projects are proposed for this biennium:

1. The establishment of an acceptable nomenclature, with definitions, for the various positions of the professional nurse and her assistants in the hospital field.

2. Job analysis, job description, and job specification as applied to hospital nursing service, the purpose of this being:

(a) To gather information which will be useful to hospital administrators and placement directors in the selection and placement of personnel. The study should form a basis for improved organization of personnel and division of authority and responsibility. (b) To promote the development of standard practice instruction and work manuals. (c) To clarify our thinking regarding the duties of the professional nurse and the subsidiary worker in hospital nursing service. (d) To gather information which may be used to determine qualifications and preparation required of workers in the various categories of hospital nursing service. In turn this can be used to determine fair and equitable rates of pay for each.

3. A series of articles on personnel policies and practices for the hospital nursing staff will be prepared for publication on the Institutional Nursing Page in *The Canadian Nurse*. The over-all plan will be the responsibility of the executive of the Committee on Institutional Nursing; the articles themselves will be the result of the activities of the provincial sections under the leadership of the convener of the Publications Committee.

Committee Reports

British Nurses Relief Fund: The report contained the following recommendations which grew out of the direct observations and conferences in Britain by the convener, British Nurses Relief Fund, and the general secretary:

1. That this fund be continued for the present and that the provincial associations be notified of existing needs.

2. That, as the food situation in Holland has improved considerably in recent months, and as the situation in Britain has not improved and, in point of fact, shows definite food deficiencies, it is suggested that food parcels to Holland be reduced or completely stopped after Christmas, 1946, and that food parcels be re-channeled to British nurses, lists of names to be obtained from the Royal College, keeping in mind that they should be sent to those centres where the necessity is greatest.

3. That financial assistance be continued to Britain for at least another year, and possibly longer, for Rest-Breaks Homes, i.e., homes that are being established for permanently injured civilian nurses or those whose health has been permanently affected by war. It is suggested that, in sending such assistance, emphasis be placed on using the money for financing the stay of individual members of the profession rather than for overhead expenses or equipment, but that a gift might be made to each one in the nature of some decorative article as a remembrance of the interest that Canadian nurses have demonstrated for their British sisters who suffered so greatly during the past years. Also, that

money be ear-marked for nurses who have suffered as the result of the war but who are capable of receiving vocational training so that they may become independent financially again.

4. The greatest need now in Holland seems to be for certain educational equipment for schools of nursing because of the inability to send money out of the country to purchase it. One hospital with a very large student group was definitely handicapped because of the lack of a Chase doll and yet the teaching program was excellent. A further suggestion worthy of consideration is that, if financial restrictions continue to the point that delegates to the International Council of Nurses Congress are not possible, Canadian nurses assist at least one or, possibly, two Dutch nurses to attend the 1947 Congress by paying for their hospitality during the weeks of the Grand Council and Congress.

At the executive meeting it was suggested that provincial associations be informed of the following needs:

1. Contributions of handicrafts, such as hooked rugs, quilts, and homespun bedspreads, to be sent to the Rest-Breaks Homes for nurses, or donations toward the purchase of cretonnes or chintz for drapes for the living-room or dining-room of these homes could be made. (Such materials are difficult to obtain in Britain and require coupons.) The general secretary is procuring the measurements of the windows so that materials may be purchased in quantity sufficient for this purpose.

2. That food parcels be sent to the nursing staffs in hospitals in Britain, the names of hospitals to be obtained by the Canadian Nurses' Association from the Royal College of Nursing, London.

3. That we consider purchasing some much needed teaching equipment for schools of nursing in Holland.

The following resolution was unanimously adopted by the executive:

That the provincial associations and any other interested groups be notified of the existing needs; also that the provincial associations notify National Office if they can make a contribution toward bringing a European nurse to the International Council of Nurses Congress in Atlantic City.

It is very much hoped that each provincial association will continue to support this worthy cause for another year. When the districts or chapters have decided upon the project which they will support, will they kindly advise National Office.

Labor Relations Committee: The convener reported on regulations, covering student nurses in Saskatchewan, which were agreed upon by the authorities in the hospital schools of nursing and the Saskatchewan Registered Nurses' Association, and the Registered Nurses' Association and the Minimum Wage Board of Saskatchewan.

In British Columbia a Select Committee on Labor Relations has been appointed to help nurses solve their problems, to participate in conferences with nurses and their employers and to act, if necessary, as a certified bargaining group. Certification has been granted by the B.C. Department of Labor for a collective bargaining unit for the nurses employed by one hospital. The unit is composed of three representatives from the nursing staff of the hospital and the Select Committee on Labor Relations.

The Registered Nurses Association of Ontario has decided to employ a Relationship Adviser to act as a consultant to local nursing groups in the event of any difficulty arising between such groups and their employers.

Legislation Committee: The Constitution and By-laws, together with the proposed amendments resulting from the general meeting, July 4, 1946, were submitted to provincial associations with a letter containing the resolutions which appeared in *The Canadian Nurse*, Sept. 1946, page 798.

The convener reported that she had consulted with the legal adviser regarding the manner in which the C.N.A. should function constitutionally during the transition period from November 15, 1946, until the next general meeting of the association in 1948.

The legal adviser recommended the following procedures:

1. That a third vice-president be appointed to the association. Miss Marion Myers, Saint John, N.B., was accordingly appointed at the December executive meeting.

2. That for the remainder of the present biennium, five representatives from the nursing sisterhoods (to be chosen on a regional basis) be appointed by the Executive Committee. The appointments were as follows: Rev. Sr. M. Beatrice, N.S.; Rev. Sr. Columkille, B.C.; Rev. Sr. St. Gertrude, Que.; Rev. Sr. M. Kathleen, Ont.; Rev. Sr. M. Irene, Sask.

3. The member appointed to be chairman of the Committee on Constitution, By-laws and Legislation, and chairman of the Committee on Labor Relations, Miss E. Flanagan and Miss K. Connor, now become members of the Executive Committee.

4. That two other members be appointed to the Sub-committee of the Executive Committee. Mrs. D. Harrison, Sask., and Rev. Sr. D. Clermont, Man., were appointed.

5. That the following chairmen be appointed by the executive: Program Committee, Miss R. Chittick; Committee on Arrangements, Mrs. R. A. McNaughton; Student Nurses' Activities, Miss Frances Waugh; Nominating Committee, Miss Mary Mathewson.

6. *Dues:* That an annual membership fee of *One Dollar* be collected by the provincial association to which each nurse belongs, to be remitted to the Canadian Nurses' Association by the said provincial association on March 31, June 30, April 30, and December 31, following the date of collection as the case may be. Adjustment of fees for the year 1946 shall be made in January, 1947, to bring the affiliation fees for the year 1946 up-to-date for any increase in membership compared with the previous year. Any decrease in fees resulting from a reduction in membership will be required to be refunded. For 1947, the fees shall not be payable until April 1 based on the membership to March 31, 1947. Quarterly payments will be made on the same basis thereafter.

7. That in order to comply with the resolution regarding incorporation passed at the general meeting, the Executive Committee recommended that the legal adviser be requested to proceed with incorporation.

8. That the final clause in By-law VII, Section 7, be combined with By-law VI, Section 1, to read: "On all questions which have previously been submitted to the Association, members of the voting body at each General or Special meeting of the Association shall consist of the Voting Delegates from the provincial Associations. On all other questions, where the policy of the Association is not involved, any ordinary member may move, second and vote in such manner as the chair may decide."

9. That the titles of the conveners of the three national sections be changed to chairmen of the three national committees.

National Publicity Committee: It was agreed that there is need for additional pamphlets in various fields of nursing and it is, therefore, recommended:

1. (a) That immediate steps be taken to prepare pamphlets dealing with various aspects of public health nursing with the object of clarifying the thinking of nurses who are contemplating this field of nursing regarding the extent, values, and opportunities of this branch, stressing functions and qualifications necessary rather than working hours, salaries, etc. (b) That the preparation of special pamphlets dealing with industrial, orthopedic, and pediatric nursing be the next objective of this publicity program.

2. The question arose as to the resources that could be explored to cover the cost of the new pamphlets or publications. It was recommended that every possible avenue of securing financial assistance for additional publicity work be explored, e.g., insurance companies, industrial fields, manufacturers, drug companies, etc., and that the Canadian Nurses' Association endorse the committee's stand that restricted advertising by the sponsor be permitted.

The members of the Executive Committee approved these recommendations and requested that material for the new pamphlets be

submitted to the provincial secretaries for approval before being printed.

Royal College of Nursing

The following is a quotation from a letter received at National Office from Miss F. Goodall, Secretary:

Will you please be good enough to broadcast our united thanks for all the beautiful parcels which have been arriving at the College in a stream both before and after Christmas. We are doing our best to distribute them suitably and I know the recipients will be tremendously grateful.

Shoes and Stockings for Greece

National Office wishes to acknowledge and to thank the nurses of Canada for donations of shoes and stockings for the nurses of Greece. Two parcels are on their way to Greece.

Notes du Secrétariat de l'A.I.C.

Ces Notes ont été préparées d'après les rapports présentés par les différents comités et par la secrétaire lors de l'assemblée du Conseil de l'Association des Infirmières du Canada du 5 au 7 décembre 1946:

(a) *Différence établie dans l'emploi des infirmières mariées:* La motion suivante fut envoyée sous forme de lettre circulaire à tous les clubs, sociétés, associations de membres du service civil, fédérales et provinciales, services de santé, etc.: "L'Association des Infirmières du Canada approuve la résolution, présentée par l'Association des Infirmières Enregistrées de l'Ontario, concernant des distinctions faites contre des femmes très compétentes, parce qu'elles sont mariées, et en plus demande que cette question soit portée à l'attention de l'Association Canadienne des Employés du Service Civil et autres groupes intéressés."

(b) La résolution préposant *un Département du Nursing* (Voir *Canadian Nurse*, sept. 1946, page 799) fut envoyée au Ministre de la Santé et du Bien-Etre, et des copies furent aussi adressées aux autres départements intéressés.

(c) La résolution demandant une législation concernant *la Pasteurisation du Lait* (voir *Canadian Nurse*, sept. 1946, page 799) fut envoyée aux neuf Ministres Provinciaux de la Santé. Six provinces répondirent—quatre approuvent la résolution, l'une d'elles a déjà la pasteurisation obligatoire. Une province n'est pas en faveur d'une loi rendant la pasteurisation obligatoire; il y aurait de trop nombreuses offenses et l'on considère qu'il n'est pas bien de passer une loi qui ne sera pas observée.

(d) La division du Service des Recherches du Ministère National de la Santé et du Bien-Etre, Ottawa, demanda à l'Association des Infirmières du Canada un rapport sur les personnes ayant reçu *une formation professionnelle comme infirmière*, une étude à ce sujet étant faite par un comité de son département.

Le 24 juillet 1946, M. J. W. Willard, du Service des Recherches, eut une entrevue avec la secrétaire de l'A.I.C. La plus grande partie des renseignements furent préparés par la secrétaire avant son départ pour l'Angleterre. Mlle Ethel Johns prépara un rapport écrit et fut aidée par la première vice-présidente, Mlle E. Cryderman, en l'absence de la présidente. Il est entendu que ce rapport sera publié par le Gouvernement Fédéral et que des copies seront distribuées aux membres de l'A.I.C. Nous avons en mains un rapport d'une grande valeur qui nous permettra de donner une foule de renseignements.

(e) *Visiteuses internationales:* A la demande de Mlle M. E. Tennant, directrice des Infirmières de la "Rockefeller Foundation," des dispositions furent prises pour que Mlle Eli Magnussen, directrice des Infirmières du Service National de Santé du Danemark, rencontre les directeurs des services de santé et les directrices des infirmières hygiénistes de Montréal. Des renseignements furent donnés à Mlle Magnussen sur la situation des infirmières au Canada. Après sept mois passés dans un camp de concentration Mlle Magnussen dit que c'est une expérience intéressante. Son courage révèle une forte personnalité.

Rapports des Sections

Section du Nursing Général: La situation révèle que l'on manque d'infirmières pour le service privé et le service général dans les hôpitaux, les demandes sont plus nombreuses, les inscriptions sur les régistres sont moindres. Il y a moins d'infirmières qui prennent des positions dans les bureaux de médecins. Dans plusieurs provinces l'on étudie des tarifs et les heures de travail afin qu'il y ait plus d'uniformité dans les provinces. Des cours ont été donnés dans toutes les provinces. Des bibliothèques ont été organisées.

Section des Hôpitaux et des Ecoles d'Infirmières: Durant la prochaine période de deux ans l'on essayera de mettre à l'exécution les projets suivants: (1) Etablir une nomenclature des différentes positions qu'occupe l'infirmière à l'hôpital et définir ces positions. (2) Analyser, décrire le travail de l'infirmière à l'hôpital, en déterminer les spécialités dans le but de renseigner les administrations d'hôpitaux, les directeurs du personnel dans le choix et le placement des infirmières. (3) Une série d'articles sur les relations entre infirmières et l'hôpital seront publiés dans le *Canadian Nurse* dans la Page réservée à notre section. Le plan général de ces articles sera sous la direction du comité national; les articles seront le fruit des sections provinciales sous la conduite de la convocatrice du comité de publication.

Rapports des Comités

Fonds de Secours pour les Infirmières de Grande-Bretagne: Le comité a fait les recommendations suivantes: (1) Que ces fonds de secours soit continué et que les associations provinciales soient avisées que les besoins sont encore grands. (2) La situation alimentaire en Hollande est bien améliorée; au contraire en Grande-Bretagne la situation est pire que jamais. (3) Que l'assistance financière aux infirmières de Grande-Bretagne soit continuée durant au moins une autre année afin d'aider l'établissement des maisons de repos pour recevoir les infirmières infirmes et malades à la suite de la guerre. Il est suggéré de recommander, en envoyant de l'argent, de l'employer pour aider personnellement les infirmières, qui ne peuvent plus travailler. (4) En Hollande le matériel d'enseignement semble manquer le plus. Comme il est impossible de se procurer ces choses au pays et qu'il est interdit d'envoyer de l'argent à l'étranger, la situation reste difficile. A cause de cette même restriction financière il sera impossible aux déléguées de Hollande d'assister au congrès international. Il est suggéré que les infirmières du Canada leur viennent en aide.

A une assemblée du conseil de l'A.I.C. il fut suggéré d'informer les associations provinciales des besoins des infirmières d'Europe: (1) Pour les maisons de repos des infirmières de Grande-Bretagne, des ouvrages d'artisanat tel que: tapis crochetés, couvre-lits, étoffe du pays, etc. De l'argent qui permettrait d'acheter au Canada des cretonnes, des rideaux qu'il est impossible d'acheter en Angleterre sans coupons. (2) Que les colis alimentaires soient envoyés en Grande-Bretagne. (3) Que l'on considère l'achat de matériel d'enseignement pour les écoles de Hollande.

La résolution suivante fut adoptée à l'unanimité par le conseil à savoir: "Que les associations provinciales soient avisées de ces besoins, que les associations provinciales avisent le Bureau National s'il leur est possible d'aider financièrement une infirmière d'Europe afin qu'elle puisse assister au congrès international."

Comité des Relations Ouvrières: La convocatrice fait le rapport suivant:

En Saskatchewan une entente a été convenue entre les autorités des écoles d'infirmières, l'Association des Infirmières Enregistrées, et la commission du salaire minimum concernant le salaire des infirmières étudiantes.

En Colombie Britannique un comité spécial des relations du travail a été nommé pour aider les infirmières dans leurs problèmes, pour prendre part aux entrevues entre les infirmières et leurs employeurs et, si nécessaire, pour agir comme agent négociateur. Un certificat a été accordé par le Ministère du Travail de la C.B. pour négocier pour un hôpital. Trois représentants de l'hôpital et trois membres du comité spécial des relations du travail négocieront.

En Ontario, l'Association des Infirmières Enregistrées à décidé d'avoir un conseiller qui aidera les infirmières dans les difficultés qui peuvent survenir entre elles et leurs employeurs.

Comité de Législation: La Constitution et les Règlements, ainsi que les amendements proposés lors de l'assemblée générale du 4 juillet 1946, furent soumis aux associations provinciales avec une lettre contenant les

résolutions qui ont parues dans le *Canadian Nurse*, sept. 1946, page 798. La convocatrice après avoir consulté le conseiller légal sur la façon dont l'A.I.C. devra opéré durant la période de transition s'étendant du 15 nov. 1946 à la prochaine réunion générale en 1948 rapporte que:

1. Une troisième vice-présidente doit être nommée. Mlle M. Myers de St-Jean, N.B., fut nommée en décembre 1946.

2. Que cinq représentantes des religieuses hospitalières soient nommées par le conseil. Les personnes suivantes furent nommées: Rév. Soeur M. Béatrice, N. S.; Rev. Soeur Columkille, B.C.; Rev. Soeur Ste-Gertrude. Qué.; Rév. Soeur M. Kathleen, Ont.; Rev, Soeur Irène, Sask.

3. La convocatrice du Comité de Législation et la convocatrice des Relations du Travail, Mlles Flanagan et K. Connor, deviennent membres du conseil.

4. Deux autres membres fassent partie du sous-comité. Rév. Soeur D. Clermont, Man., et Mme D. Harrison, Sask., furent nommées.

5. Les convocatrices suivantes soient nommées par le conseil: Comité du programme, Mlle R. Chittick; comité d'organisation, Mme McNaughton; comité des élèves infirmières, Mlle Waugh; comité de nomination, Mlle Mathewson.

6. *Contribution:* Qu'une contribution **d'un dollar,** per capita, soit remise par chaque association provinciale à l'Association des Infirmières du Canada. La dernière remise des contributions pour 1946 devra être faite en janvier 1947 afin de préparer la liste des membres.

7. Afin de se conformer à la résolution adoptée à l'assemblée générale demandant l'incorporation, le conseil de l'A.I.C. recommanda que le conseiller légal fut prié de procéder à l'incorporation.

8. De joindre la dernière clause de l'article VII, section 7, des règlements à l'article VI, section 1, qui doit se lire comme suite: "Sur toutes les questions qui ont été précédemment soumises à l'Association, les personnes ayant droit de vote à toutes les assemblées générales ou spéciales de l'Association, seront les déléguées provinciales ayant reçu leur mandat de vote. Sur toutes les autres questions qui n'intéressent pas la politique de l'Association, tous les membres peuvent proposer, seconder et voter selon le mode prescrit par la présidente de l'assemblée."

9. Que le nom de convocatrice des trois sections nationales soit changé en celui de présidente des trois comités nationaux.

Comité National de Publicité: Après avoir constaté que d'autres feuillets sur les diverses activités des infirmières étaient nécessaires il fut recommandé:

1. (a) De prendre immédiatement les mesures nécessaires pour préparer des feuillets sur le nursing en hygiène publique, dans le but d'éclairer les infirmières qui désirent se diriger vers cette spécialité—donner la durée du cours, sa valeur, les positions offertes, insister sur les devoirs à remplir, les qualifications requises plutôt que sur les heures de travail et les salaires, etc. (b) Que la publication de feuillets sur le nursing en industrie, en orthopédie, et en pédiatrie soit la première chose au programme du comité.

2. La question se posa: Comment défrayer le coût de ces publications? Il fut recommandé d'essayer d'avoir de l'aide des compagnies d'assurance, d'industries et compagnies pharmaceutiques, et de permettre à ceux qui nous aiderons de faire une annonce discrète sur ces feuillets.

Le conseil approuva cette recommendation et demande que le texte de ces feuillets soit soumis aux secrétaires des associations provinciales et approuvé avant d'être publié.

Remerciements

Des lettres venant d'infirmières de Grèce furent reçues au Secrétariat. Elles remercient les personnes qui leur ont envoyé des chaussures et des bas. Mlle Goodall, du Collège Royal des Infirmières, remercie également les personnes qui ont envoyé des colis d'aliments.

Caesarean Section

Caesarean Section was originally employed as a post-mortem measure. The *Lex Regia* of the Romans laid down that no pregnant woman should be buried undelivered. It was essential, therefore, that the baby should be removed before the mother's burial—and as this was a law introduced by the Caesars, the operation became known as the Caesarean Operation or Caesarean Section. The old legend that the name was derived from the fact that Julius Caesar was delivered by this operation is entirely erroneous. His mother long survived his birth as is proved by the fact that he frequently wrote letters to her while campaigning in Gaul.

Interesting People

Dorothy May Percy, R.R.C., has been appointed to head up a new division of nursing service under the Department of National Health and Welfare. She will be responsible for the nursing activities organized for the benefit of civil servants in Ottawa and throughout the Dominion.

Born and educated in Ottawa, Miss Percy graduated from the Toronto General Hospital in 1924. She qualified in public health nursing at the University of Toronto the following year and worked for a short time in Montreal. She returned to institutional work for a year as head nurse on the medical ward at the Ottawa Civic Hospital and then joined the National Office staff of the Victorian Order of Nurses for Canada as junior assistant superintendent. Seven years later, Miss Percy was appointed to the teaching faculty of the University of Toronto School of Nursing.

In 1941, Miss Percy enlisted with the R.C.A.M.C. After a year at Camp Borden Military Hospital, she proceeded overseas and was attached to No. 1 and No. 9 Canadian General Hospitals in Great Britain. Soon after her return to Canada in 1944, Miss Percy was appointed matron of the Petawawa Military Hospital. Upon her release from the Services, Miss Percy accepted a post as executive secretary of the Division on Health of the Welfare Council of Toronto.

Miss Percy has served as chairman of District 8, R.N.A.O., as second vice-president of the R.N.A.O., and as president of the alumnae association of the Toronto General Hospital. She is a member of the Nursing Sisters' Association and of the Soroptimist Club.

Canadian nurses will watch with interest the development of this new federal health agency to which Miss Percy brings her years of experience and leadership.

John Steele

DOROTHY M. PERCY

Madeline Taylor has assumed the responsibilities of chief nurse in charge of the UNRRA nursing activities in the American Zone in Germany. Miss Taylor was the first Canadian nurse to be discharged from the R.C.A.M.C. to join UNRRA in 1945.

Graduating from the Montreal General Hospital in 1924, Miss Taylor engaged in private duty nursing for a year and a half before joining the staff of the Montreal branch of the Victorian Order of Nurses. In 1928, she was the recipient of the Mildred Forbes Scholarship from M.G.H. and enrolled in the certificate course in public health nursing at the McGill School for Graduate Nurses. Returning to the V.O.N. Miss Taylor initiated a new service in Regina where she remained for two years. After a

Max Grasse

MADELINE TAYLOR

brief period with the Edmonton branch, she returned to the Montreal branch as supervisor for nine years.

Miss Taylor joined the R.C.A.M.C. in 1940, going overseas in June of the following year. She was among the group of nursing sisters aboard the troopship which was torpedoed en route to Italy in 1944. On returning to Britain, she was attached to No. 22 Canadian General Hospital with the special job of instructing recruits from the replacement units in their duties as orderlies.

Miss Taylor went to Germany with UNRRA in 1945, rising rapidly from team nurse to supervisor. With the re-organization of UNRRA last autumn, she was given the supervision of all of the teams in Bavaria. Her new duties were commenced the first of January this year.

Elizabeth E. Copeland is now supervisor of Unit 3 of the Metropolitan Health Committee in Vancouver.

Prior to entering the school of nursing of the Royal Jubilee Hospital, Victoria, to commence her training, Miss Copeland had secured her licence as a pharmacist in British Columbia. She gave up one form of salesmanship to enter another when she enrolled in the public health nursing course at the University of British Columbia. In 1938 she became school nurse in West Vancouver where she remained until she served as acting supervisor of the North Vancouver Health Unit, 1944-45. Miss Copeland further qualified herself in supervision and administration at the McGill School for Graduate Nurses in 1946.

Miss Copeland has always been intensely interested in young people's work. She has had a wide experience with girls' summer camps serving in almost every capacity—counsellor, business manager, nurse, director. She is ardently interested in music, art, and spends many a pleasant hour in rambles through the woods gathering leaves and blossoms for floral arrangements. Pharmacy's loss was nursing's gain!

Lila M. Baird, who has been office manager and secretary-treasurer of the Public General Hospital, Chatham, Ont., for the past twenty-three years, has retired. Miss Baird has also been assistant administrator for the past ten years and has a fine record as a valuable asset to the nursing staff of the hospital.

ELIZABETH COPELAND

Miss Baird received her high school education and business training in Ridgetown, Ont. For eight years she worked as billing clerk with a large wholesale firm, entering the Public General Hospital School of Nursing in 1914. She engaged in private duty nursing for several years before entering the business end of hospital management. While her official resignation has been ac-

Ross Hicklin, Chatham

LILA BAIRD

cepted, Miss Baird has generously consented to continue with part-time work at the hospital until the general staff shortage has been relieved.

Miss Baird has been feted by the hospital board and medical staff in tribute to her "long, conscientious, capable and outstanding service as a member of the hospital staff."

Miss Baird has numerous hobbies to turn to when her professional activities are terminated. She loves puttering about in her garden, especially caring for her flowers. Stamp-collecting engrosses her interest with needlework for a side-line. We join her associates in wishing Miss Baird many years of happy enjoyment.

Margaret Motherwell, who has been superintendent of the British Columbia Provincial Infirmaries in Vancouver since 1936, has retired. During her ten years in this capacity, Miss Motherwell transformed the internal organization of the Infirmaries and replaced the previous hopeless outlook of the patients with one of useful satisfaction. Her efforts have resulted in attention being focused on the plight of the chronically ill persons. She raised the standards of care and nursing practice to a very high level.

F. Isobel McEwen, who has been director of the Outpost Hospital Department of the Red Cross Society in Ontario, has retired. Born and educated in Perth, Ont., Miss McEwen graduated from the New York Post-Graduate Medical School and Hospital. She served overseas with the Canadian Army Medical Corps in World War I and on her discharge joined the staff of the Ontario Health Department. In 1927, she left that work to enter Red Cross work as director of the Toronto Junior Branch, transferring later to her recent work. In her capacity as superintendent of the field nursing staff, Miss McEwen directed thirty-one hospitals located all across the Province of Ontario.

Fingernail Care

Fingernails reveal many things to the experienced eye of the physician.

Writing in *Hygeia*, Dr. Everett T. Duncan states: "Physicians often glean some indications of unusual or abnormal tendencies of a patient by inspecting the nails. Notice the closely bitten nails and bulbous fingers of people afflicted with heart ailments or chronic lung disease; the traverse ridges prominent after a severe illness such as scarlet fever; the pitting of the nails in psoriasis; the color changes and undermining of the plate in fungous infections, and the brittleness and separation from various causes."

Dr. Duncan makes the following suggestions for nail care:

"White spots, or, in medical parlance leukonychia, are due to air in the nail substance resulting, perhaps, from too vigorous pushing back of the nail base in manicuring or other minor injuries. Total whiteness of the nail is rare and may be hereditary or the aftermath of severe toxic conditions. Treatment consists of avoiding such rough pressure as might occur from using an orangewood stick. An advisable form of cuticle care for one susceptible to this condition is to wipe the borders of the soft tissues with an oiled damp cloth while they are soft.

"Brittleness of the nails may be congenital or acquired. Suggested causes are mild, repeated trauma as in typing, vitamin A deficiency, or the use of nail polish removers containing acetone. Today, buffing with an abrasive is not used as formerly. Files or emery boards should be avoided to prevent aggravation of a splitting or peeling tendency. In these cases the nail should be clipped behind the split area.

"Nails cannot be nourished from without, but daily applications of a bland oil may prevent brittleness when the condition is not due to an infection. Oil cannot strengthen the nails. Excessive immersion of the hands in soap and water is to be avoided in cases of soft nails."

To make the most of dull hours; to make the best of dull people; to like a poor jest better than none; to wear the threadbare coat like a gentleman; to be out-voted with a smile; to hitch your wagon to the old horse if no star is handy — that is wholesome philosophy.—Bliss Perry

Educational Policy

Contributed by the Committee on Educational Policy of the Canadian Nurses' Association

Committee Functions

The former Committee on Nursing Education has been redefined in the recently accepted Constitution and By-laws of the Canadian Nurses' Association and is now known as the Committee on Educational Policy with the following functions:

(a) To formulate policies for recommendation to the Executive Committee in regard to nursing education, both graduate and undergraduate, which will assist the nursing profession to meet the changing demands in respect to nursing service.

(b) To assume direction for studies or demonstrations required to implement any change in policy recommended by the Executive Committee.

There are two sub-committees under this committee at the present time: (1) male nurse education; (2) subsidiary nursing workers.

The membership of the Committee on Educational Policy is as follows:

Chairman, A. J. Macleod, Department of Veterans Affairs, Ottawa; vice-chairman, M. Mathewson, superintendent of nurses, Montreal General Hospital; secretary, E. G. Young, superintendent of nurses, Ottawa Civic Hospital. Members: N. D. Fidler, University of Toronto School of Nursing; Sr. D. Clermont, chairman, Committee on Institutional Nursing, St. Boniface Hospital, Man.; H. Carpenter, Public Health Division, York Co., Ont.; M. Myers, instructress, Saint John General Hospital, N.B.; K. W. Ellis, president, Provisional Council of University Schools and Departments of Nursing; G. M. Hall, general secretary, C.N.A

Acting with the consent of the Executive Committee, two more members have been requested in order to have advice on publicity and a convener for the sub-committee on subsidiary nursing workers.

Demonstration School Administration Committee

This committee, by virtue of its second function as laid down in the By-laws referred to above, was the one chosen to represent the C.N.A. on a Joint Committee with Red Cross representatives, to function as the Demonstration School Administration Committee. The three representatives of the Canadian Red Cross Society on this Joint Committee are: F. W. Routley, M.D., National Commissioner; E. K. Russell, chairman, Nursing Committee; H. McArthur, director of Nursing Service.

The first announcement, concerning the very generous help which the Canadian Red Cross Society has agreed to give the Canadian Nurses' Association for the demonstration of an Independent School of Nursing, appeared in *The Canadian Nurse* on page 22 of the January, 1947, issue, under "Epoch-Making News." In the meantime a sub-committee had been appointed to review suggestions from the provincial nurses' associations of names of hospitals which might prove suitable for the location of the Demonstration School, and nurses to fill the position of director of the school.

The sub-committee met in Montreal on January 15, 1947, and reviewed the suggestions made from the provinces. On the whole, the sub-committee was disappointed that so few hospital schools were considered suitable sites for the experiment; the number of nurse educators, on the other hand, who were suggested as possibilities for the position of director, was quite encouraging. The recommendations of this sub-committee were presented to the Demonstration School Administration Committee on

January 27, 1947. Following this meeting the first Canadian Press release was made by the president of the Canadian Nurses' Association and appeared in local papers.

Certain hospitals are being approached and it is hoped that by the next issue of *The Canadian Nurse* the Canadian Nurses' Association will be able to announce where the demonstration will be undertaken as well as the name of the director for the school. You will be kept informed through this Page of the development.

Obituaries

Yvonne Baudry, who was the first nurse to graduate in 1901 from old St. Luke's General Hospital, Ottawa, died recently in her seventy-second year following a lengthy illness. For six years after she graduated, Miss Baudry was in charge of the scarlet fever ward of the Strathcona Hospital, Ottawa. During the next six years she was in charge of the quarantine section of the Gros Isle Hospital, Montreal. She served as matron of the Canadian Laval Hospital in France for four years during World War I. On her discharge from the C.A.M.C., Miss Baudry joined the Dominion Bureau of Statistics from which she retired in 1939.

Ella Betts, who graduated from the Saint John General Hospital in 1895, died recently in Saint John, N.B. Though Miss Betts retired from active nursing some time ago after having served as matron of the Home for Incurables in Saint John, and in private duty in New York, she always maintained a lively interest in professional activities.

Sarah Fraser, who graduated from the Montreal General Hospital in 1904, died suddenly in Renfrew, Ont., at the age of eighty. Miss Fraser engaged in private duty for a considerable part of her professional career. For a time she was on the staff of the Children's Memorial Hospital, Montreal. She was active in her alumnae association. Miss Fraser retired in 1930.

Mrs. Frances (Pollard) McLain died recently at the age of eighty-five. Born in Ingersoll, Ont., Mrs. McLain taught in Ontario for some years before entering a school of nursing in Philadelphia. During the Spanish-American War, she enlisted with the United States Army, serving in Florida and Cuba. After nursing in Detroit for many years, Mrs. McLain operated a private hospital in Windsor, Ont.

Lila Jennings Miller, who graduated from the old Western Hospital, Montreal, died recently in Bladworth, Sask. Miss Miller worked for a number of years in Davidson, Sask., and had served with the Victorian Order of Nurses in Ottawa and Edmonton prior to her retirement. She had maintained an interest in her professional organization and was always willing to give a helping hand in an emergency.

Mrs. Ethel C. (Smith) Moulds, a graduate of St. Luke's General Hospital, Ottawa, died recently in Ottawa following a short illness. Mrs. Moulds had worked in western Canada with the Victorian Order of Nurses and had been superintendent of the hospital at High River, Alta., and later at Swan River, Man.

Mabel Ryan, who graduated in Kingston, Ont., and later practised in New York, died suddenly in Smiths Falls, Ont., where she had resided since her retirement several years ago.

Lillian Tobin, who graduated in 1928 from the Ottawa General Hospital, died recently in Toronto. After several years on the staff of Strathcona Hospital, Miss Tobin enggged in private nursing in Ottawa. Early in 1946, she joined the staff of the Peterborough Veterans' Hospital.

Preview

The second of our series of articles on nutrition is aimed particularly at the public health nurse. What are the most effective ways of disseminating information about nutrition to the families in our communities? **Mrs. H. Ruth Crawford,** of the Department of Public Health Nutrition at the University of Toronto, maps out definite plans for the public health nurse to follow.

Nursing in China

L. Clara Preston

The evolution of nursing work in China has been amazing to those of us who have been privileged to see it so quickly and efficiently taken over by the Chinese nurses. When I went to Changte, N. Honan, China, twenty-four years ago, our hospital consisted of a chapel, dispensary, operating-room, and private and public patients' rooms, built around courtyards, in true Chinese fashion. The patients slept on brick platforms, called "Kang" in Chinese. These were covered with straw matting. At night they spread their padded quilt, which served as a mattress, rested their heads on a wooden or hard pillow, and covered themselves with another clean or dirty quilt. If the patient was a bed patient, they would have their beds made with hospital sheets, quilt, and pillow.

There was an outdoor kitchen. The patients supplied their own food and coal. This had its advantages and disadvantages. The food could be what the patient wanted, not what the doctor ordered. It was the cause of a great deal of friction among the patients when others took their coal or when all of the fires were being used, and they could not cook their food.

The assistants were mostly young widows or girls, locally trained, who became very useful and helped in every department. One was always on call at night or for outside obstetrical calls.

The yard and toilets outside were taken care of by a poorer type of woman. The scavenger came twice a day and paid the hospital a monthly sum for the privilege of carrying away our "night soil" for their gardens.

This type of hospital had some advantages. The patients felt more at home, it was easier for the women to finance, it took less administration, and gave the staff more time to teach the patients how to read and to give lessons in hygiene. It was amazing the number of cures and the results we had in spite of conditions.

The doctors looked forward to the time when their patients could have 24-hour nursing care, post-operative supervision, and suitable diets. When orders could be given to the head nurse with the knowledge that they would be carried out, a step forward had been taken.

When new modern hospitals were built to meet the need of the community, painstaking details had to be thought out by the builder, doctor, and nurse, and careful record of supplies kept. There was no modern machinery for cutting wood. This was done by hand and the wood was seasoned, not always successfully, by the sun. Bricks were contracted for and brought to us by wheelbarrows. Inside paint was all put on by the use of silk waste and rubbed in by hand. We were fortunate in having good carpenters, painters, tinsmiths, and masons and we were very grateful for their co-operation.

Equipping the hospital was by trial and error method. A back-rest, bedside table and stool, mattress, cradle, baby's bassinet, electrical baker all seemed so simple as we used them every day in our training days. The Chinese have a proverb, "To look at a thing is easy but to do it is hard." That was the same, we found, in getting our equipment. We had to give our ideas to the workmen, in Chinese, often without proper dimensions. These things were all new to the Chinese but once a pattern was established it was easy.

To find the right kind of student with a fine Christian character, three years of high school, with enough financial backing and a desire to learn nursing was not easy. These were the nurses to pave the way and the future of nursing would depend much on

these pioneers. Teaching had to be planned as the doctors and teachers had time and text-books were secured. The students were taught in Chinese.

When our first pupil nurses started their training there was no running water, no electric light. They worked 12-hour duty in a 4-year course with no previous knowledge of what nursing was all about. A mission central training school for six months was started at Weihwei. When they returned to us they had to take a good deal of responsibility. The oldest nurse went right on night duty with no night supervision but with a doctor or nurse on call if needed. One advance has been made after another and from 1931 to 1937 our work went along like a story book. Our out-patient department was opened, wards were equipped and staffed, a power plant was built giving us electric light and running water, x-ray, and electrical equipment in the laundry. Trained technicians arrived for the dispensary and laboratory and we were presented with a motor car for our village public health work. Each year our students became more helpful under the supervision of two good Chinese nurses and after four years of hard work our first three students graduated. They were the first graduate nurses to pioneer the way in our city of Changte, three thousand years old. What a thrill!

The Nurses' Association of China has an unique history. They translated and prepared text-books, set examinations, acted as a placement bureau for graduates, edited a nursing journal, and looked after the biennial nurses' meetings for China. Miss Cora Simpson travelled to the cities and into the remotest parts of China to encourage and help the nursing schools. She has written a book on her experiences.

Now the student nurses are under the Department of Education of the National Government and the graduate nurses under the Department of Health at Nanking. The nurses' association is still functioning, happy that the government has taken over but still finding plenty to do.

Before I left North China in 1939 we had a fine District Nurses' Association organized. This was very interesting and helpful and we would have as many as twenty-five graduates attend. The N.A.C. was our placement bureau; we had graded salaries for nurses with experience or with post-graduate certificates. Post-graduate work was available in public health, obstetrics, dietetics, hospital administration, and fellowships obtainable from the Peking Union Medical College. Some of the larger universities offered degree courses in nursing.

The nurses' association was proud of the nurses registered to help in famine or war and many did excellent work for their country. The war has made many changes causing the closing of hospitals, destruction of buildings and equipment, training schools to be abandoned, pupils to flee to all parts of the country, working under the Japanese in the North and under constant bombings in the West and South. These bombings disorganized routine and interrupted class work, made emergency care a necessity.

In the west, the work was carried on in spite of difficulties. Schools took in refugee students from many other training schools, even if it did disorganize their classes, and carried on all through the war years. The government conscripted the new graduate nurses. The local hospital could keep 15 per cent of the graduates; the others were sent to the Red Cross hospitals, public health centres, or into military work, wherever there was the greatest need. Our nurses just accepted this and chose lots where they would go.

Now that the war is over the picture changes again. The difficulties seem insurmountable—rehabilitating hospitals, reorganizing competent staffs, getting equipment, inflation, civil war, famine, thousands suffering from tuberculosis and malnutrition. In addition there are outbreaks of epidemics occurring all over the country, besides the ordinary illnesses. These are some of the problems that face the doctors and nurses.

STUDENT NURSES PAGE

An Answer to Evelyn

Editor's Note: The Student Nurses Page in the August, 1945, issue (page 647) carried a letter purportedly written from one student nurse to another. Now, a year and a half later, comes an answer to that letter. Some of the preliminary students of the Aberdeen Hospital, New Glasgow, N.S., who read Evelyn's letter with interest, have written an answer to it. This combined letter embodies a glimpse into the feelings and aspirations of four of the students.

Dear Evelyn:

You will never realize how grateful I am to you for writing me such an inspiring letter. It gave me courage to continue my training and to try to make a success of my career. It made such a difference to know that others have had their discouraged moments, too, yet have come out on top.

I have given your letter a great deal of thought and consideration. Because of your wise and frank advice, I can now see how wrong I was in my judgment of many things which have confronted me since my training started. I know now that my anxieties are not something I alone have experienced but are common to most student nurses. In the beginning we each had the same opportunity to grow and develop and profit by our experiences so I understand what you meant when you said that the various talents, personality traits, clothes, etc., of my classmates are factors to be taken in my stride.

You mentioned that the student nurse group tends to form itself into cliques. Perhaps I am especially lucky then for I have found that my classmates are very friendly and willing to help me. I admit that at first I found them rather distant but realize now it was only shyness. I have found that as we learn new and different things and work together, the task becomes less difficult.

When I first started, I found it very hard to buckle down and study. As you know, it is quite a while since I finished school and a person certainly does forget how to concentrate on textbooks. I would strongly advise any girl who was interested in nursing to keep up with some serious reading and study, even though she was working at some other job first. I used to feel terribly discouraged and, but for your sound counsel, would probably have thrown up my training. Now I love my work and truly understand what you meant when you said that this is more than a career. This business of helping people who need me is my chosen life work. I know that I must learn to accept the bitter with the sweet, the rough-going with the smooth, the hard tasks with the easy. In fact, Evelyn, though I have not added any inches to my height, I think I have at last grown up.

When I first was assigned to a ward, I was excited and thrilled. Then, when I actually went on duty, I had the strangest and most nervous feeling. The place seemed too large and I felt as though everyone was eyeing this novice. When I saw the senior nurses hustling around so efficiently, I felt small and insignificant. I almost dropped the breakfast tray I was carrying. Looking back on those first

few days, I have to chuckle at what a clumsy oaf I must have seemed to the patients. I can truly say that I look forward to my hours on the wards. Having more confidence, I don't make so many blunders.

I have firmly resolved to forget my personal feelings, and to regard my past unhappiness as part of the game. With renewed courage and faith in God I shall work for a bigger and better tomorrow and the full realization of my dreams.

Thank you again, Evelyn, for your help and inspiration. You have proven a true friend.

Yours very gratefully,
Elizabeth

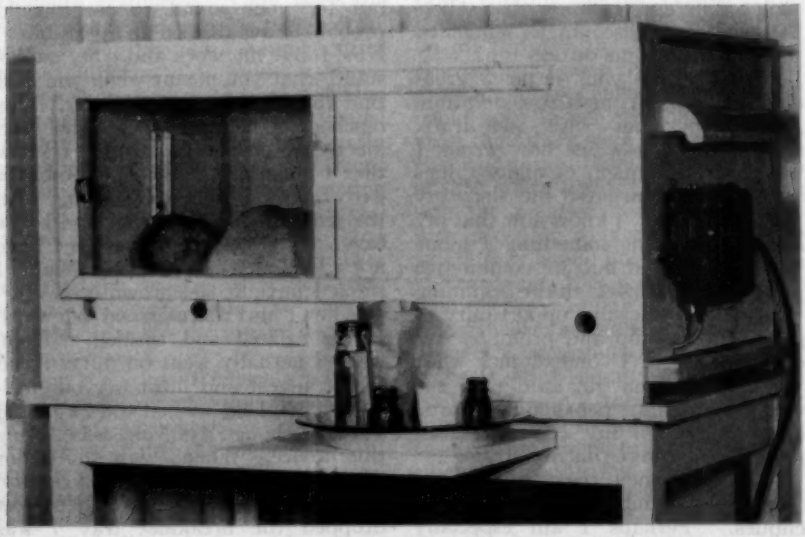
A Home-Made Incubator

MARIAN COCHRAN

THERE is no condition of infancy which requires more specialized care and equipment than prematurity. At the Children's Memorial Hospital in Montreal, the condition of prematurity is usually complicated by infection or congenital abormalities as the normal infant would be cared for in the hospital where he was born.

Many improvised and commercial incubators are very satisfactory for uncomplicated prematurity, but frequently they are inconvenient or inadequate in cases where oxygen therapy or intravenous therapy are indicated. We then conceived the idea of having an incubator built to our specifications, and have found the result highly satisfactory.

Our plan is an adaptation of the premature incubator used by the Massachusetts State Department of Health. It consists of a white enamelled wooden box, with sliding panels of shatter-proof glass on top and one side. Ventilation is provided by air vents across the top of box and lower sides. The bed is heated by a 40-watt Mazda lamp, separated from the mattress by a barrier of fine-mesh wire.



The incubator in operation

There is automatic thermostatic control, ensuring constant temperature. A metal container holds water for increasing the humidity. Oxygen, intravenous, and clysis therapy may be administered through the air vents.

We have used this bed not only for prematurity but for any infant under five pounds who is debilitated or in collapse. The thermostat is adjusted to maintain the desired heat in the incubator, varying from 85-95°. The infant is dressed according to his condition and his needs. If necessary he is placed in a premature jacket, covered with a light blanket, but he is never wrapped.

Dimensions of incubator: length, 30 inches; width, 17½ inches; depth, 15 inches.

Book Reviews

The Nurses Textbook of Anatomy and Physiology, by A. M. Spencer, M.B. 288 pages. Published by Faber & Faber Ltd. 24 Russell Sq., London, W.C. 1, England. 1946. Illustrated. Price 8s. 6d.

Reviewed by Sister Annunciata, Instructress of Nurses, St. Elizabeth's Hospital, Humboldt, Sask.

The subject matter of this book is arranged in seven parts which follow in logical sequence. The first gives an outline of the body as a whole. The second part deals with the systems responsible for taking in the substances required by the tissues, and part three with the great transport system bringing these substances to the tissues. Part four describes the various tissues and the work they have to do. The next division is concerned with the organs of excretion and part six with the nervous and endocrine systems as controlling and co-ordinating the work of the various tissues. The final chapter discusses metabolism and concludes with miscellaneous questions and answers.

Each part is accompanied by an appreciable number of excellent illustrations which help to bring out important points, clarify details, impress the picture, and favor retention. The question and answer method used throughout the book helps students to answer questions correctly and at the same time emphasizes the important parts of the subject. The author has kept in mind the needs of the student nurse as he adheres to basic principles, avoiding all unnecessary detail. The table of contents and index make it easy to locate desired information.

A Summary of Medicine for Nurses, by R. Gordon Cooke, M.D. 104 pages. Published by Faber & Faber Ltd., 24 Russell Sq., London W.C. 1, England. 1945. Price 3s. 6d.

Reviewed by Mary Stewart, Royal Alexandra Hospital, Edmonton, Alta.

This little book consists of concise statements of accepted facts of a few of the ordinary diseases with which nurses come in contact. The following is an example of the form in which the material is presented:

Anemia—agranulocytic. *Condition.* Severe reduction of white blood cells. *Cause.* May be unknown. May be secondary to certain drugs (e.g., amidopyrine, sulphonamide group). *Symptoms and signs.* General weakness. Ulceration of mouth and throat Hemorrhage. *Treatment.* Injection of pentnucleotide. Transfusions. *Local treatment* to mouth. Withdrawal of drug (if cause). *May resemble.* Leukemia. Vincent's angina. *Special tests.* Regular blood count if condition suspected as likely to arise. Sternal puncture. *Blood picture.* White count extremely low. *Other points.* May be rapidly fatal. Mild type may occur. May be due to an idiosyncrasy. Patients who recover warned against repetition of drug, if cause. Also called agranulocytic angina.

This text could be used by a young head nurse in her preparation for the "morning circle," or by public health nurses as a guide if they were stationed long distances from a doctor. This, in my opinion, would be the best uses for which this book would be of value.

The American Hospital, by E. H. L. Corwin, Ph.D. 226 pages. Published by

The Commonwealth Fund, 41 East 57th St., New York City 22. 1946. Price (in U.S.A.) $1.50.

Reviewed by Margaret Tennant, Matron, Lady Minto Hospital, Melfort, Sask.

This is a most concise and detailed outline of problems and relationships pertinent to the American picture. However, we feel, especially in the latter units, that there may be many comparative aspects applicable in some measure to Canadian situations.

All phases of hospital work, from origin and development to finance and personnel, are most ably discussed. The writer has pointed out that acceptance by the public of hospital plans to provide security in illness has put hospitalization within reach of increased numbers. This, in turn, stimulated standardization of services and necessitated economy of time and effort. Hospitals are urged to develop and maintain educational public relationships. Increasing costs in the average modern hospital have been accelerated by the fact that today one-third of the floor space actually houses patients. As a direct reference to increasing costs Dr. Corwin cites per patient diem cost in a gynecological and obstetrical hospital in New York as increasing from $1.00 per patient per day in 1857 to $11.25 per patient per day in 1944. Canadian sources report 70-80 per cent increases in costs since 1939.

We feel that this will be a valuable reference for hospital libraries.

Textbook of Psychiatric Nursing, by Arthur P. Noyes, M.D. and Edith M. Haydon, A.M., R.N. 396 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 4th Ed. 1946. Price $3.00.

Reviewed by Florence Thomas, Director of Nursing, Ontario Hospital, London.

The first three chapters sketch mental hygiene principles, physiology of the emotions and normal psychology. The second section (not divided in this way in the text) is given over to the discussion of various mental illnesses and emotional disturbances, with their nursing care. The final chapters give a survey of the principles of general nursing care, and a history of psychiatry and psychiatric nursing. It is unusual to find these following the care in specific illnesses. It would be interesting to know the reason of the authors for this method of presentation.

The clearly defined section headings within each chapter, and the bibliography following each, are helpful for teaching and for reference, as well as for general reading.

This is not an elementary book, but its clarity and comprehensiveness should make it valuable to the new student, as well as to the person who comes to it with previous knowledge of the subject.

Nursing in Eye, Ear, Nose and Throat, by Abraham R. Hollender, M.Sc., M.D., and Maurice F. Snitman, M.B. (Tor.). 258 pages. Published by F. A. Davis Co., Philadelphia. Canadian agents: The Ryerson Press, 299 Queen St., W., Toronto 2B. 1946. Illustrated. Price $3.75.

Reviewed by Elsie Denman, Supervisor, Eye, Ear, Nose and Throat Department, Montreal General Hospital.

This text has been prepared to give the nurse-in-training a theoretic knowledge of what the fields of ophthalmology and otolaryngology entail, and to familiarize her with the more important tasks she may be called upon to perform. "The qualifications for nursing of eye, ear, nose and throat patients are the same as those for nursing in other specialties. This statement bears emphasis, because it is commonly believed in certain quarters that most eye, ear, nose and throat diseases are of a minor nature and require very little training and experience to manage." The fallacy of this last statement has been pointed out in this book.

The chapters covering anatomy and physiology, as well as those diseases occurring in eye, ear, nose and throat, are complete and not too technical. The many very excellent illustrations are of much value in the study of this subject. The section on preparation for operation, post-operative nursing, and management of emergencies is highly recommended. A very complete glossary is found at the back of the book and is a valuable asset to student and supervisor alike.

Professional Adjustments in Nursing, for Senior Students and Graduates, by Eugenia K. Spalding, R.N., M.A. 509 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 3rd Ed. 1946. Illustrated. Price $3.75.

Reviewed by Margaret Street, Supervisor, Royal Victoria Hospital, Montreal.

The third edition of this well-known textbook contains much new material and numerous revisions. While designed primarily as a source of information for senior students

regarding the personal and professional adjustments which the graduate nurse may have to make in the practice of her profession, the book in its present form is also an interesting commentary on present-day nursing which is viewed as the product of evolutionary changes within, and of sweeping social, economic, and political changes without the profession. It is nursing in the United States which is the chief object of analysis, and the status of the nurse and the fields of nursing open to her are discussed mainly in relation to that country. Yet both the international character of nursing and the similarity in nursing trends and developments between United States and Canada will make the material in this book interesting and helpful to Canadian student and graduate nurses.

The introduction deals with problem-solving as an essential in making professional adjustments, and discusses some of the essential requirements and sources of information in the solution of problems. Because of the fact that it is necessary for the graduate nurse to have some insight into the larger problems of the nursing profession as a whole before she can attempt successfully to solve her own professional problems, the author, in unit one, makes an analysis of the present-day social, economic, and professional status and problems of nursing.

Unit two makes a survey of occupational opportunities for professional nurses, and outlines specific positions open to nurses. This unit also draws attention to the active interest which professional nurses are showing in the practical nurses, particularly with regard to the licensing of the latter, as well as to their place and function in the care of the sick.

The importance of continued education and professional growth for the graduate nurse, and sources of continued general and professional education are suggested. Guidance is given also as to procedure in choosing a field of work intelligently, and in securing, filling, and resigning from a position.

Unit three introduces the student nurse to the professional organizations in the United States, as well as to the International Council of Nurses. Brief reference is made to national nursing organizations in other countries. The relationship between nurses and their professional organizations is dealt with in a clear-cut manner.

Unit four is designed to assist the nurse "to understand some of the major issues and situations that will confront her in her search for social and economic security and in her striving for fine legal, personal, and professional relationships."

The comprehensive and up-to-date bibliographies appended to each chapter contribute materially to the potential value of this book.

Appointments - Transfers - Resignations

British Columbia

The following are the staff appointments to and resignations from the Metropolitan Health Committee, Vancouver, B.C.:

Appointments: *Ruth Lane* (B.A.Sc., University of British Columbia), *Mrs. Olive Weremchuk* (University of Toronto public health course), and *Evelyn Hood* (University Hospital, Edmonton, and University of Washington public health course) to Health Unit 4; *Sally Martin* (B.A.Sc., University of B.C.) to Burnaby; *Mrs. Margaret Strongitharm* to Richmond; *Margaret Allport*, on leave of absence attending University of B.C. where she obtained her B.A.Sc., has returned to the staff; *Mrs. Isabelle Lyons* (St. Paul's Hospital and University of B.C.), who is on the B.C. Provincial Board of Health, is exchanging with *Margaret Cammaert; Mrs. Elaine Sleath* (B.Sc., University of Alberta); *Margaret Steven* (Vancouver General Hospital and University of B.C.), recently returned from the R.C.A.M.C.; *Mrs. Jean Williams* (B.Sc., University of Toronto), formerly with St. James health unit, Man.; *Kathleen Oulton* (Royal Victoria Hospital and McGill University), formerly with Outremont Health Department; *Pauline Dobson* (Vancouver General Hospital and University of B.C.); *Rona Atkins* (B.A.Sc., University of B.C.); *Mrs. Vera Boe* (Saskatoon City Hospital and University of B.C.); *Mary McLaughlin* (B.Sc., University of Toronto); *Estelle Robinson* (B.A.Sc., University of B.C.).

Resignations: *Dorothy McKerracher*

and *O. Wright* to take positions in Ontario; *Marion Macdonell* and *Jenny Weir* to attend Columbia University; *Billy Williams* and *Mrs. Audrey Blanchard* to attend University of B.C.; *Grace White* to attend McGill University; *Eileen McKenzie, Miriam Coone,* and *Marie Walker* to be married; *Mrs. Anna Gunn.*

Ontario

The following is information concerning the staff of the Ontario Public Health Nursing Service:

Appointments: *Clare Connolly* (Ottawa General Hospital and University of Toronto certificate course) to United Counties health unit; *Helen Elliott* (Hamilton General Hospital and University of Toronto certificate course) as public health nurse with Ontario Agricultural College, Guelph; *Nancy (Carroll) Robinson* (University of Toronto diploma course) to Peel County health unit.

Resignations: *Muriel Davis* (Brantford General Hospital and University of Western Ontario certificate course) from St. Catharines-Lincoln health unit; *Dorothy (Stone) Boswell* (Brantford General Hospital and University of Toronto certificate course) from Oxford County health unit; *Dorothy Hourd* (Victoria Hospital, London, and University of Western Ontario certificate course) from Elgin-St. Thomas health unit.

Study Shows "Flu" Virus Exists in Several Forms

The influenza virus, an almost infinitesimally minute living particle, not only exists in several forms but these forms are quite different and individualistic, as if they were different species of animals. This is the conclusion of Dr. Jonas E. Salk of the University of Michigan. Determination of differences between strains is essential for preparation of more effective vaccines.

Since virus particles are too small to be seen, differences can be found only in their behavior in certain physiological and chemical tests. It has been recognized for some years that there are two major types—Influenza A and Influenza B. The maladies caused by these are indistinguishable so far as overt symptoms are concerned, but their immunological reactions are quite different. A vaccine prepared from A virus is of relatively little value in protecting a person from influenza caused by B virus. The vaccine used by the United States Army is prepared from a mixture of both.

Dr. Salk's experiments show that within these two types there are highly individualistic strains. Since the flu viruses were first isolated, several continuous hereditary lines have been maintained at various laboratories. He tested some properties of these strains—especially a blood-agglutinating ability—under various degrees of heat. Heat tends to speed up chemical and physiological processes.

Like all other living things—it is assumed that the virus particle is living because it possesses the fundamental properties of life—those sub-cellular organisms seem bound by some fairly rigid law of heredity. Differences tend to become stabilized in families and persist. Techniques evolved for finding these differences promise to be of some value in preparing more effective vaccine.

—*News Notes No. 51*

Nursing Sisters' Association

At the annual meeting of the *Montreal Unit* the following officers were elected: President, Nancy Kennedy-Reid, R.R.C., matron, Ste. Anne's Hospital; vice-president, Hilda Henderson, matron, Queen Mary Hospital; secretary, Suzanne Giroux, R.R.C.; treasurer, P. Bisaillon; committee, M. Wright, E. Cumbers, M. deRosiers; visiting, Mrs. J. A. Foller.

Expression of Gratitude

The following paragraph is from a letter from the Matron-in-Chief, South African Military Nursing Service:

"I would like to take this opportunity of expressing my thanks and appreciation for the valuable service rendered by the Canadian nurses who served with the South African Military Nursing Service."—M. E. Story, *Matron-in-Chief, S.A.M.N.S.*

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News Notes

ALBERTA

EDMONTON:

At the annual meeting of Edmonton District, No. 7, A.A.R.N., Madeline McCulla was re-elected president. Jean Boyd will serve as recording secretary with Mary Bell as treasurer. Representatives to the Local Council of Women, Social Service Agency, and *The Canadian Nurse*, respectively, are Rita Ball, Miss Bietsch, and Violet Chapman. Following the annual reports, Mrs. Chester Gainer gave an interesting talk on "Parliamentary Procedure."

Royal Alexandra Hospital:

The annual meeting of the Royal Alexandra Hospital Alumnae Association was held recently, when the election of officers took place. Mrs. Norman Richardson will serve as president with Mrs. C. Douglas and D. Watt as vice-presidents. The secretaries are Mrs. W. Norquay and June Stuart. Jean Mackie will act as treasurer. Plans were made for the annual banquet, a bridge dance, and a bazaar. Miss Chapman, past president, showed a film on "Tuberculosis."

It has been announced that a scholarship of $250 is available for post-graduate study to any nurse who is in good standing in this alumnae. Those interested should apply to Miss A. Anderson, convener, Scholarship Committee, Royal Alexandra Hospital, Edmonton, Alta.

LAMONT:

Forty-three members and guests attended the annual meeting of the Lamont Public Hospital Alumnae Association when Mrs. A. Southworth was re-elected president. A toast to the Alma Mater was proposed by Mrs. M. A. Young and Mrs. Southworth responded. It was announced that a cash scholarship of $250 will be offered this year in the interests of promoting administrative nursing.

The guest speaker was Helen Meyers, superintendent of nurses at the hospital. She is a Vancouver General Hospital graduate and spent several years as a nurse with the R.C.A.F. and with the Northwest Staging route. She spoke on her work during those wartime years. K. Stewart, formerly a member of the Canadian Red Cross orthopedic unit overseas, told of the orthopedic and plastic surgery developments as undertaken by this unit during the war.

BRITISH COLUMBIA

KAMLOOPS:

The Kamloops-Tranquille Chapter, R.N.A.B.C., continues to work toward their goal of furnishing a room in the new wing of the Royal Inland Hospital. The sum of two dollars has been voted from each member to help cover the cost of furniture and drapes. Previous sums realized were $226 and $125, the latter raised at a dance last fall. The amount required is approximately four hundred dollars.

MANITOBA

BRANDON:

Mrs. Peter McNabb Leitch was guest speaker at a meeting of the Brandon Graduate Nurses Association. She gave a talk on her experiences during the polio emergency in Los Angeles last year. Olive Thomas, the newly-appointed superintendent of nurses at the General Hospital, was introduced by Mrs. Selbie and welcomed to the meeting by Mrs. Perdue. A pleasant social evening was enjoyed with Margaret Gemmell's group in charge. Marjorie Trotter expressed the thanks of the members to the guest speaker.

NEW BRUNSWICK

CAMPBELLTON:

The Campbellton Chapter, N.B.A.R.N., was recently organized when the following officers were elected: President, Sr. Bujold, Hotel Dieu; vice-president, Mary Hubert, Soldiers Memorial Hospital; secretary, Mrs. Lena Sinnett; treasurer, Veronica Chulliner, H.D.; committee conveners: membership, Margaret Gillis, Tide Head; program and social, Ferne Hitchcock, S.M.H.; ways and means, Irene Chulliner, H.D.; hospital and school of nursing, Sr. Roy, H.D.; private duty, Mrs. I. Pettigrew; representative to *The Canadian Nurse*, Helen Wilson, S.M.H.

FREDERICTON:

Seventy-eight nurses were present at a dinner meeting of the Fredericton Chapter, N.B.A.R.N., when Margaret Kerr, editor of *The Canadian Nurse*, was guest speaker. An interesting lecture by Dr. Jean Webb, director of nutritional services, N.B. Department of Health, was the feature of a later meeting.

At the first meeting of 1947 it was reported that an electric record player and records had been given to the student nurses of Victoria Public Hospital as a Christmas gift from the chapter. Twenty-five dollars was voted towards the British Nurses Relief Fund and it was revealed that over 250 boxes of Christmas cards had been sold to raise chapter funds. The speaker of the evening was Dr. G. F. Vanwart whose topic was "Some of the Newer Drugs and their Uses."

Hilda Bartsch, who has been an active and valued member of the chapter and is leaving Fredericton, was presented with a gift. It has been learned that Mary Peters has arrived in China to take up her duties with an Anglican mission hospital. (See Interesting People, Dec. 1946 issue.) Kathleen Tait, after doing private duty here since her discharge from the R.C.A.M.C., has accepted a position with the D.V.A. at Christie St. Hospital, Toronto.

Victoria Public Hospital:

Hilda Bartsch, who has served as superintendent for over two and a half years, recently resigned. Previous to her departure the medical staff entertained in her honour at dinner and presented her with an engraved silver tray. A suitable gift was also presented to her from the nursing and office staff. Evelyn Wood is at present acting superintendent. Rita Mahoney is in charge of the maternity ward.

MONCTON:

Mrs. Roberta Perry presided at a well-attended meeting of Moncton Chapter, N.B.A.R.N., when plans were made to send a box of clothing to a Dutch nurse. The guest speaker was Dr. Ian MacLennan, pathologist, whose topic was "The Rh Factor." This instructive address was also heard by the student nurses of the Moncton Hospital.

SAINT JOHN:

The annual meeting of the Saint John Chapter, N.B.A.R.N., was held at the Lancaster D.V.A. Hospital with the acting president, Mary Downing, in the chair. Marion Myers, president, N.B.A.R.N., spoke on the C.N.A. Nurses' War Memorial which is to consist of the presentation of libraries to the nurses of the countries which were devastated by the war. The quota for New Brunswick is nine hundred dollars. A movie on "Blatis Surgery Processes" proved instructive and interesting to those present.

The election of officers resulted in Mary Downing as president with B. Selfridge and Mrs. E. Mooney as vice-presidents. The treasurer is F. Howard and B. Boulter will serve as secretary.

A recent meeting of the Public Health Section, Saint John Chapter, N.B.A.R.N., took the form of a supper when fourteen members were present. Mary Flett was the guest speaker and her talk on "Canadian Literature" was very enjoyable. The regular monthly box to the overseas nurse was sent by Muriel Clarke.

Audrey McIntyre has joined the Saint John branch of the V.O.N.

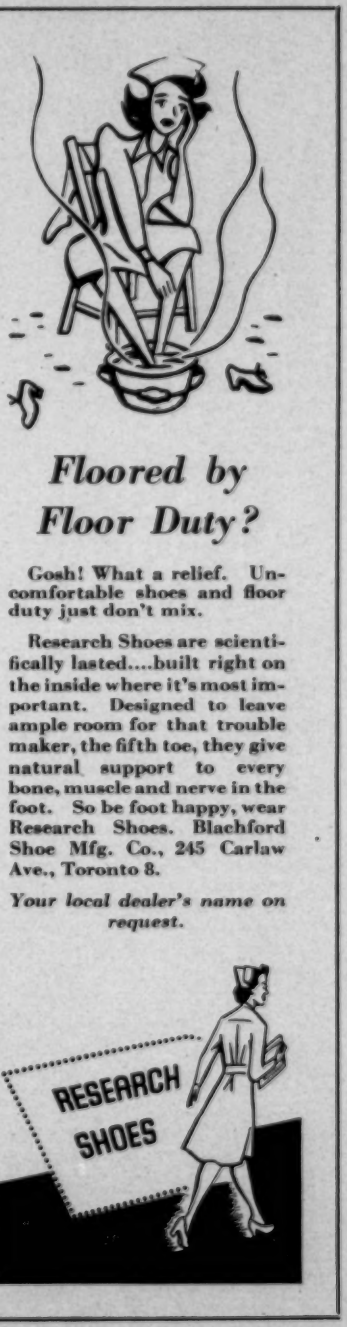
General Hospital:

On her completion of twenty-five years' service as superintendent of nurses, Margaret Murdoch was presented with a pearl necklace and a beautiful bouquet by Mrs. Ralph Robertson, on behalf of the Board of Commission.

The senior division of the 1947 graduating class enjoyed a dinner party recently, their last get-together before graduation.

A Bible study class is conducted once a week for students and graduates by Rev. Mr. LeDrew Gardiner.

Muriel MacConnell is spending a year in Vancouver where she is attending the Provincial Child Guidance Clinic. Hazel A. Tracey, formerly with the R.C.A.F., has rejoined the S.J.G.H. staff and is assistant supervisor, pediatric floor. Sara Cohen has resigned from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the general duty staff. Mary MacDougall has flown to Portugal for further study of the Portuguese language.

St. Joseph's Hospital:

The following officers were recently elected by St. Joseph's Hospital Alumnae Asscciation: President, Dorothy Giddens; secretary, Winifred Ruland; treasurer, Frances Dionne.

A recent fire completely destroyed the laundry with considerable loss to the hospital.

Sister Michael is welcomed back to the staff. Ethel Hogan and Rita McLeod are now at St. Michael's Hospital, Toronto. Morag Cuthbertson is residing in Montreal. Cecilia Markey is on the staff at Red Cross Hospital, Rexton.

ST. STEPHEN:

Lois Mersereau, former night supervisor at the Chipman Memorial Hospital, who has retired, was voted an honorary member at a meeting of the alumnae association.

It has been decided to send a box of food to an English nurse every other month. Nellie Spinney is assembling the first box.

NOVA SCOTIA

GLACE BAY:

General Hospital:

Jean MacInnis is attending the University of Toronto School of Nursing taking a post-graduate course in teaching and supervision. Shirley Hull is also at that university taking the surgical supervision course. Florence Johnson is taking a course in pediatrics at Johns Hopkins Hospital, Baltimore.

St. Joseph's Hospital:

Eileen Gillis, having completed a course in obstetrical nursing at the Cornell Medical Centre, N.Y., is now on the staff of the King Edward VII Hospital, Bermuda. Sr. Anne Estelle has returned to the staff after completing a surgery course at St. Michael's Hospital, Toronto. The following nurses are doing post-graduate work: Margaret Dunn, B.Sc. in Nursing, St. Francis Xavier University, Antigonish; Grace MacEachern and Mildred Jessome, public health nursing, University of Ottawa; Gertrude Curtis, tuberculosis nursing, Tuberculosis Hospital, East Saint John, N.B.

NEW WATERFORD:

Vivian Cummings, of the General Hospital, is taking her BSc. in Nursing at St. Francis Xavier University.

SYDNEY:

City Hospital:

Francis DeKouchey, who has completed a teaching and supervision course at the University of Toronto School of Nursing, is now on the teaching staff. Kay MacKenzie is doing tuberculosis nursing at Trudeau Sanatorium, Saranac Lake, N.Y.

ONTARIO

District 1

Chatham:

At the recent election of officers, held by the Public General Hospital Alumnae Association, Elsie Phillips was made president. Miss Phillips served with the R.C.A.M.C. in England, France, and Holland. Ethel Miller reviewed the activities of the past year. The treasurer, Dorothy Thomas, reported that $100 had been donated to the Nurses' Education Loan Fund, $25 to the Sick Children's Hospital, and $35 to the Holland Nurse Relief Fund. The resignation of Annie Head as treasurer of the Plan for Hospital Care was accepted and Mrs. M. McDade was appointed in her place.

Districts 2 and 3

There was a good attendance at the annual meeting of Districts 2 and 3, R.N.A.O., held at Guelph. Dr. H. D. Branion, of the Ontario Agricultural College, gave an interesting address on "Nutrition in Europe at the End of the War." Florence Walker, associate secretary, R.N.A.O., was also present and explained in detail many of the activities of the association. Marion Patterson reported on the R.N.A.O. annual meeting.

A skit, showing how volunteer workers may be used in the public health field, was put on by the Galt public health nurses, and an "Information Please" broadcast by the superintendents of the hospitals proved very profitable. Enjoyable solos were sung by Mrs. Rose Dillistone.

Brantford:

In an effort to interest high school students in the nursing profession, an interesting project was recently put on by the Brantford General Hospital when 150 students were invited to make a tour of the hospital, the nurses' residence, bowl in the alleys, have supper at Winston Hall, and attend the "capping" ceremony of the probationers.

Galt:

Special speakers at meetings of the Galt Hospital Alumnae Association during the past year included: Helen Rush on V.O.N. work; Dr. John McNichol on medicine and treatment in overseas work during the war; Hilda Teather on "Military Nursing in Africa."

The first post-war annual reunion banquet was held last fall. Musical selections were rendered by A. Park and Mr. R. B. McMurdo. A tea and sale of work proved a successful means of raising funds for the furnishings of the office of the instructress in the new junior nurses' residence.

District 4

Fort Erie:

Sixty members were present at a dinner meeting of the Niagara Peninsula Chapter, District 4, R.N.A.O., when Catharine

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REGISTRATION
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EXAMINATION
ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on May 21, 22, and 23.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

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O'Farrell, presided. Dr. J. Lowell Butters, the guest speaker, addressed the members on "Medical Services in Industry," interpreting the policies and duties concerning the nurse in such a service.

It was decided to discontinue sending parcels to Dutch nurses and consideration was given to the matter of sending needed articles to British nurses.

HAMILTON:

General Hospital:

At a recent meeting of the Hamilton General Hospital Training School Alumnae Association, the Dr. Walter F. Langrill Education Fund was inaugurated. The purpose of the fund is to enable graduates to take refresher and post-graduate courses, and to participate in various projects which would further the objectives of their profession. Commemorating the long and devoted services of Dr. Langrill with the hospital and training school, the graduates were unanimous in choosing a name for the fund.

An interesting fact is that the nucleus of the fund came to the alumnae in the form of a legacy from the will of the sister of a graduate of the school, to be used for the benefit of nurses. A committee to administer the fund is to be appointed. Carolyn Finby, of Madison, Wis., was the patroness who left the legacy in memory of her sister, Vivian, who graduated from the training school in 1909 and died in 1922.

The Nurses' Christian Fellowship Group of the General Hospital sponsored a carol service in December for the student and staff nurses, with an attendance of 176. The program of carols, weaving through the Christmas story, included greetings, special music, poetry, and the description of Christmas from St. Luke. Catherine Nichol, Inter-Varsity Christian Fellowship staff member from Toronto, gave a fresh glimpse of Christmas by telling of a little boy's dream—a dream of what might have been had Christ not come. She told of the value of God's Christmas gift to us: Life, through Jesus Christ, His Son. Following the service the staff entertained the students with refreshments served around the tree.

St. Joseph's Hospital:

At a recent meeting of St. Joseph's Hospital Alumnae Association the election of officers took place with the result that F. O'Brien will now serve as president. B. Clohecy is secretary and A. Grace will act as treasurer.

The past president, Mrs. S. Hudecki, presented a cheque for one thousand dollars to Sister St. Edward, hospital superior. This money was raised by the alumnae in aid of the new hospital building. The first sod for this building was turned in March, 1945, but due to the shortage of labor and material progress has been halted. It is hoped that work will commence again in the near future.

WELLAND:

The December meeting of the Welland

Graduate Nurses' Association took the form of a Christmas party, with Miss Rossi as convener. Instead of exchanging gifts the members brought clothing to be sent to the children of the Rainy River Outpost Hospital and fifty cents was donated by everyone to purchase pyjamas and slippers. Mrs. Hill was in charge of the business meeting. The luncheon was served by Mrs. H. Beatty.

The election of officers took place at the first meeting of this year, with the following results: President, Mrs. G. Risk; vice-president, Mrs. R. Reilly; secretary, K. McNamara; treasurer, B. Clark. Plans were made to hold a "Country Fair" and sewing for the hospital room, maintained by the association, was distributed.

District 9

The following officers will serve for the Sudbury Chapter, District 9, R.N.A.O., during the coming months: Chairman, Mrs. W. Gray; secretary-treasurer, M. Desjardins; committees: membership, Mrs. J. Harmen; program, Z. Maloney; nurse education, M. McDonald; private duty, L. Langlois; publicity, W. Ahern; representatives to: public health, G. Motley; *The Canadian Nurse*, N. Shamess.

District 10

The McKellar Hospital, Fort William, was the scene of the annual meeting of District 10, R.N.A.O., when Doris Shaw gave an account of the provincial annual meeting. Reports were received from the secretary-treasurer and chairmen of sections as follows:

Hospital and School of Nursing: Speakers featured at the various meetings included: Bessie Jackson, V.O.N., and instructors on "The Diabetic Patient"; Dr. J. D. Markham on "Drugs"; (Dr. Markham also gave a splendid lecture to the nursing staff of the McKellar Hospital on "Acute Cardiac and Pulmonary Conditions"); Dr. Ferguson on "Cardiac Conditions." The refresher course, arranged by the Thunder Bay Nurses' Registry, was well attended by members of this section, of which Doris Shaw is chairman.

Public Health: Highlights of meetings included the following speakers: M. F. MacRae, Fort William librarian, on "The Cult of the Best Sellers"; Edna Moore on "Health Units in Ontario." Three members of the group reviewed "Public Health Nursing in Canada" by Florence Emory and another feature was a "Quiz Program" on public health, locally and nationally, conducted by Vera Lovelace and Agnes Baillie.

It was revealed that nineteen food parcels were sent to Dutch nurses last year.

Bessie Jackson, former chairman of the Public Health Section, has the best wishes of everyone from the district in her new work at the Ottawa Civic Hospital.

PRINCE EDWARD ISLAND

At the quarterly meeting of the Prince

UNIVERSITY OF TORONTO SCHOOL OF NURSING

For the session 1947-48 the following courses are offered:

I. **The Basic or General Course in Nursing:** 5 years (4¾ calendar years) in length; leads to Degree of B.Sc.N. and gives also a qualification for general practice in public health nursing; qualifies fully for nurse registration. The candidate remains as a student in her University School throughout the entire course (with practice in the wards of the surrounding hospitals). The entrance requirement is senior matriculation (Ontario Grade XIII).

II. **Courses for Graduate Nurses:** One-year Certificate courses as follows:

Nursing Education: General (preparation for teaching).

Nursing Education and Administration: An advanced course.

Public Health Nursing: General.

Public Health Nursing: Advanced courses in Administration and Supervision, or other specialty.

Clinical Supervision in (a) Medicine. (b) Surgery. (c) Obstetrics. (d) Paediatrics. (e) Operating-room procedure. (f) Psychiatry or other specialty as selected.

Note: In Clinical Supervision the student chooses one of the above as her field of study for the entire year. The entrance requirement is junior matriculation (Ontario Grade XII).

III. **A Special Arrangement for Graduate Nurses:** Whereas a candidate with senior matriculation standing may register in the Faculty of Arts of this University and complete the Pass course in Arts in 3 years, and, whereas some of the subjects of this Pass course in Arts are identical with certain subjects included in the above Certificate courses, it has been arranged that a graduate nurse who registers in this Pass course in the Arts Faculty may register at the same time in this School and, during the same 3 years, cover the requirements for the Certificate in one of the courses as described above, except that the courses in Clinical Supervision are not included in this arrangement.

For information and calendar apply to:

THE SECRETARY,
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DERMATOLOGY
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NURSES

By K. A. Baird

This book clarifies what has seemed in the past a hopelessly involved branch of medicine. "Schools of Nursing have been waiting for some time for a text-book on Dermatology that would describe and discuss briefly and concisely not only diseases of the skin, but in addition the many indications of disease and reactions of the body made manifest through the skin."— Marion Myers in the Foreword. Dr. K. A. Baird is a leading doctor in Saint John, New Brunswick, a lecturer at the School for Nurses, the Saint John General Hospital, and a member of the Hospital Medical Staff.— $2.00

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Preference for experience in Chest Surgery. **Salary:** $1,884 per annum plus maintenance $30 monthly in cash or kind.

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Edward Island Registered Nurses Association the special speakers included Anne Green, Health Educational Secretary, Canadian Tuberculosis Association, who gave an instructive address, and Mona Wilson, O.B.E., whose descriptive story, of her work with the Red Cross in Newfoundland during the war, was greatly enjoyed by the many members in attendance. A hearty welcome is extended to Miss Wilson who is now back in P.E.I.

Hattie McLaine is in charge of the new D.V.A. wing, P.E.I. Hospital. Stella Joy is back on the P.E.I. Hospital staff. Olive Dewar is with the Hot Springs Hospital, Banff, Alta., while Gladys Aitken, Hope Davey, Kathleen MacFarlane, and Stella MacLean are at the Westminster D.V.A. Hospital, London, Ont. Miss MacLean recently received her discharge from the army, after serving with the South African Military Nursing Service.

Mabel K. Holt, former superintendent of nurses at the Montreal General Hospital, has taken up residence in Charlottetown.

QUEBEC

Montreal Graduate Nurses' Association:

At the fifty-first annual meeting of the Montreal Graduate Nurses' Association, Effie Killins, director of the nursing registry, reported that the total number of calls filled by professional nurses for 1946 was 17,726. It was noted that, although this number was an increase of 3,000 calls over the previous year's activities, there is still a shortage of registered nurses for private duty. Total calls for non-professional workers were 3,261. The Argyle nurses are now on the call-board. There has been an increase in membership of 169. Elspeth Gruer, who was re-elected as president, told of aid given to nurses in Holland, to whom twenty-two boxes of supplies had been shipped.

QUEBEC CITY:

At a meeting of Jeffery Hale's Hospital Alumnae Association Brig. J. H. Price, O.B.E., M.C., who was a prisoner in Hong Kong, gave an interesting talk on "Life and Military Hospitals in Hong Kong."

A hearty welcome is extended to A. MacDonald and M. Jones who, after spending the past year in Edmonton, are back on the general duty staff. M. Jack is also helping out in this section. A. Grimmer is on the general duty staff of the Western Division, Montreal General Hospital, and E. Christensen and Mrs. J. Skinner are with the Alexandra Hospital, Montreal. D. Moores is at the Soldiers' Memorial Hospital, Campbellton, N.B. N/S M. Doddridge has been transferred to the staff of the military hospital in Winnipeg. V. Wrye, formerly with the R.C.A.M.C., is with the D.V.A. Hospital, Quebec City. M. Fitzgerald is taking a course in O. R. supervision and technique at the Toronto General Hospital.

SHERBROOKE:

Mary Todd was re-elected president of

the Sherbrooke Hospital Alumnae Association at their recent annual meeting. Mmes T. A. Savage and R. Burroughs will serve as vice-presidents and the recording and corresponding secretaries are A. Hydman and Mrs. F. Simpson. Mrs. H. Grundy will take care of the association's finances. The reports on activities showed that the past year had been successful for the alumnae. The question of sending a representative to the I.C.N. Congress, to be held in Atlantic City, was discussed. Mrs. R. Stewart's home was the scene of the meeting.

SASKATCHEWAN

ESTEVAN:

The following officers will serve for Estevan Chapter, S.R.N.A., during the coming months: President, M. Niblett; vice-president, Mrs. M. Wilkinson; secretary-treasurer, Mrs. J. M. Budd.

HUMBOLDT:

The Humboldt Chapter, District 3, S.R.N.A., entertained the student nurses and sisters at a party when Court Whist was enjoyed by all. The prizes for the sisters went to the Rev. Sisters Marcella and Teresa. The nurses who won were the Misses Berscheid and Harmel.

MOOSE JAW:

Ruby Tinkiss, nursing specialist in infant and premature care, Division of Maternal and Child Hygiene, Department of National Health and Welfare, recently visited the hospitals and regional health centre. She assisted Dr. E. Couture in revising the standard public health booklet, "The Canadian Mother and Child." Miss Tinkiss was here to study the work being done and the methods used at the various clinics.

Members of the public health nursing staff of Region No. 6 attended the public health nurses' conference in Regina. Many interesting speakers were heard and discussions were carried on concerning problems encountered during working hours. K. Boyko, senior public health nurse from Meadow Lake Region, was a visitor at the health centre and was received by A. Normandin. J. Anderson left Moose Jaw for Herbert and district where she will carry on her public health duties.

A miscellaneous shower was held at the home of Mrs. J. Dawson in honor of Mrs. H. (Dorothy) Jones. Guests attending were members of the private duty section, Moose Jaw Chapter. Lunch was served by Mrs. Dawson and K. Welsh.

General Hospital:

The former Children's Shelter for Orphans is to be turned over to the Hospital Board for use as an extension. It is understood that the cost of the proposed alteration will be shared by the Provincial Government. It is hoped that this building will be ready for use in three months and will relieve the shortage of hospital accommodation in Moose Jaw.

A time-proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 years of ever-increasing use speak highly for their effectiveness.

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THE VICTORIAN ORDER OF NURSES FOR CANADA

Has vacancies for supervisory and staff nurses in various parts of Canada.

Applications will be welcomed from Registered Nurses with post-graduate preparation in public health nursing, with or without experience.

Registered Nurses without public health preparation will be considered for temporary employment.

Scholarships are offered to assist nurses to take public health courses.

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EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on **May 21, 22, and 23, 1947,** at **Halifax, Yarmouth, Amherst, Sydney,** and **Antigonish.** Requests for application forms should be made at once, and forms MUST BE returned to the Registrar by **April 21, 1947,** together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations, and is within six weeks of completion of the course of Nursing.

NANCY WATSON, R.N., Registrar
The Registered Nurses' Association of Nova Scotia
301 Barrington St., Halifax, N.S.

The Student Nurses' Glee Club held their first public concert recently, under the leadership of Dr. L. G. Bray. The concert was under the patronage of Grace Motta, Mr. and Mrs. J. S. Williams, and Dr. and Mrs. E. R. Stewardson. It is hoped that this concert will become an annual event.

Providence Hospital:

The official opening of the new nurses' residence took the form of a Valentine Tea under the sponsorship of the alumnae association. Visitors inspected the various rooms and canteen under the guidance of the nursing staff.

PRINCE ALBERT:

A presentation of a sterling letter-opener and coffee spoon by the Prince Albert Chapter, S.R.N.A., was made to the treasurer, Frances Altmann, who is leaving to be married. Mrs. T. Lewis replaces her in this office.

Ethel Brown, after four years' service with the Grenfell Labrador Mission, is now on the staff of the Victoria Hospital. Miss Drew, formerly at the Tranquille Sanatorium, B.C., is in charge of the children's ward at the Prince Albert Sanatorium. Miss Neilson has also joined the staff.

REGINA:

Representatives of the provincial public health staff, the city health staff, and the V.O.N. attended the provincial public health staff conference held here recently.

Members of the city health department were pleased to welcome Clara Jackson, director of the Nurse Placement Service for the province. While in Regina she spoke to the third and fourth year students of the three Regina Collegiates on "Nursing as a Career."

Eileen Welsh, of the city health staff, has resigned to take charge of the nurses' aide course, Canadian Vocational Training School, Saskatoon.

General Hospital:

When Clara Jackson visited the hospital recently she addressed the staff and student nurses. Frances Copeman has resigned as nursing arts instructress and is now with the newly-established School for Mental Defectives, Weyburn. R. Harrison, a graduate of Smithdown Rd. Hospital, Liverpool, England, is now on the maternity staff.

Grey Nuns' Hospital:

The Rev. Sr. Superior Farley was welcomed to the hospital in January. She replaces the Rev. Sr. Noel, who has been transferred after five years in office. The resignation of Miss Hammond has been accepted. Clara Jackson visited the hospital recently.

The 1947 graduating class were entertained by the alumnae association and the intermediate class at a dance and party. The V.O.N. are taking two students every week from the hospital for one day's observation

each to enable them to see the type of work done by this organization.

SASKATOON:

City Hospital:

I. Last has been appointed director of health services, replacing Mrs. W. Petrie who has resigned. Jeannette Williamson, recently discharged from the R.C.A.M.C., is on the operating-room staff. J. Pollard is another new appointment to the nursing staff.

St. Paul's Hospital:

St. Paul's School of Nursing was honored recently by a visit from Elizabeth Smellie, chief superintendent, V.O.N. Her delightful talk was enjoyed by nurses and students from the City and St. Paul's Hospitals. Miss Smellie was also guest at an informal dinner given in her honor by the S.R.N.A.

Isabella Pevillot and Viola Youmans, both former graduates, visited the hospital on their way to New York. Miss Pevillot is surgical supervisor at St. Joseph's Hospital, Winnipeg, and Miss Youmans is with the V.O.N. in Toronto.

SWIFT CURRENT:

Dr. Davey, medical health officer for Region No. 1, gave a talk on the formation, progress, and aims of the region at a recent meeting of Swift Current Chapter. Members of the chapter have volunteered to assist twice monthly at the clinics.

WEYBURN:

The Weyburn Chapter has decided to send gifts to nurses from the chapter who are ill for extended periods. Misses Hall and Jesopp are on the staff of the General Hospital. Miss McDowell has returned from San Francisco.

YORKTON:

The following officers will serve for the Yorkton Chapter during the coming months: President, Mrs. S. McRae; vice-president, Mrs. Sinclair; secretary, E. Anderson; treasurer, A. Gwilliam; councillors, K. Francis, V. Ostopovitch.

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THREE-MONTH POST-GRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION, AND TREATMENT OF TUBERCULOSIS is offered to Registered Nurses. This course is especially valuable to those contemplating public health, industrial, or tuberculosis nursing.

The course has been approved by the Registered Nurses Association of Ontario, the Director of the Department of Tuberculosis Prevention, and The Deputy Minister, D.V.A. **Salary:** 1st month—$80; 2nd month—$90; 3rd month—$100—plus full maintenance.

For further information apply to:

Miss Ellen Ewart,
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Graduate Nurse with university graduation or its equivalent; at least five years of experience as a Matron or Superintendent in a large institution, preferably in an institution of Metropolitan status associated with a university giving a medical course.
Full particulars on posters in Post Offices, National Employment Service Offices or Civil Service Commission Offices throughout Canada. Application forms, obtainable thereat, should be filed immediately with the

CIVIL SERVICE COMMISSION OF CANADA
OTTAWA

Matron for Halifax Tuberculosis Hospital. 135-bed Tuberculosis Hospital and headquarters of City's Tuberculosis Control Program. One half of the hospital is a modern, fire-proof building, opened in November, 1946, with all modern equipment, and will be a teaching hospital for student nurses as soon as qualified instructress can be found. Apply, stating salary expected, experience, and qualifications, to Dr. Allan R. Morton, Commissioner of Health & Welfare, City Hall, Halifax, N.S.

Night Superintendent for 65-bed General Hospital. Preferably with working knowledge of Obstetrics. 6-day week and 3 weeks' holiday with pay after 1 year on staff. Apply to Supt., Lady Minto Hospital, Cochrane, Ont.

Nursing Arts Instructress for 135-bed hospital in Eastern Ontario. Student enrolment of 68; only one class admitted each year. Apply to Principal, School of Nursing, Civic Hospital, Peterborough, Ont.

Nursing Arts Instructor. Also Ward Supervisor for Medical and Surgical Unit. 100-bed General Hospital in Western Ontario. Apply, stating qualifications, experience, salary expected and date of availability, to Administrator, General Hospital, Woodstock, Ont.

Instructress of Nurses. Salary: $140 per month and full maintenance. Apply to Supt., General Hospital, Kenora, Ont.

Science Instructor. Salary: $1,920 per year. One month's vacation with pay after 12 months if continuing in service. 3 weeks' sick leave with salary each year. A maximum of 48 hours of duty per week, with at least 1 day off per week or equivalent each fortnight. Apply to Director of Nursing, Holy Family Hospital, Prince Albert, Sask.

Operating-Room Supervisor. Fully qualified. Good salary and full maintenance. Also **General Duty Nurses.** For full particulars apply to Supt. of Nurses, Saint John Tuberculosis Hospital, East Saint John, N.B.

Obstetrical Supervisor for 80-bed hospital. Post-graduate experience preferred. Attractive salary; full maintenance; hospitalization; sick leave; holidays with pay. Apply to Supt., Norfolk General Hospital, Simcoe, Ont.

Assistant Supervisor and **General Duty Nurses** for **Operating-Room,** Victoria Hospital, London, Ontario. Bed capacity, 575. Good salary and Cost of Living Bonus. Splendid opportunity for experience. Post-graduate and practical experience very desirable. Apply, stating school and year of graduation, age, details of experience, and date of availability for service to Supt. of Nurses. **General Duty Nurses** in considerable numbers for various departments.

Registered Nurse for **Dept. of Parenteral Therapy**. Experience not necessary. Must be capable of conscientiously carrying out detailed technique. 8 a.m. to 5 p.m. Salary: $135. Responsible entirely to Director of Laboratory. Apply, stating qualifications, to Director, Branch Laboratory, General Hospital, Belleville, Ont.

Head Nurse for **Nursery. Night Supervisor** for 35-bed **Obstetrical Ward.** Salary: $120. Maintenance or living-out allowance optional. Applicants must have post-graduate experience in Obstetrical Nursing. Apply to Director of Nursing, General Hospital, Belleville, Ont.

Staff Dietitian, with post-graduate internship in hospital approved by Canadian Dietetic Association. Apply to Sister Superior, Holy Family Hospital, Prince Albert, Sask.

Dietitian for 175-bed hospital. Must be experienced. Salary open. Apply in care of Box 4, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, P.Q.

General Duty Nurses for Norfolk General Hospital, Simcoe, Ontario. Salary: $110 per month (including pay for O.R. call) plus maintenance. Increase at end of 6 months to $115 and at end of a year to $120. 8-hour day and 6-day week. Holidays with pay. Sick leave and hospitalization. Additional $5.00 per month for 3:30 shift. Apply to Supt.

Graduate General Duty Nurses (3). Salary: $100 per month plus maintenance. 8-hour day. One day off per week. For further information apply to Mrs. A. Kerling, Municipal Hospital, Stettler, Alta.

Registered Nurses for **General Duty** prior to opening of new building, increasing capacity to 530 beds for Chronic Diseases. Hospital is nicely situated in residential Parkdale, close to lake and car service (15 minutes to Yonge St.). 8-hour day and 6-day week. 3 weeks' yearly vacation. 2 weeks' sick leave. Initial salary: $140 per month and laundry. $30 deducted if living in our exceptionally fine residence, or $10 for 2 meals if rooming out. Night duty initial salary: $145. Increases according to nurse's demonstrated ability. Senior positions available when new building opens. Apply to Supt., Queen Elizabeth Hospital, 130 Dunn Ave., Toronto 3, Ont.

General Duty Nurses for Jeffery Hale's Hospital, Quebec City, P.Q. 8-hour day and 6-day week. Apply to Supt. of Nurses.

Graduate Nurses for **Floor Duty** in a 65-bed General Hospital. Also **2 nurses** for **Operating-Room** to act as Scrub Nurse, with opportunity for advancement. 8-hour day and 6-day week. 3 weeks' holiday with pay annually. Salary: $100 per month with full maintenance; $105 while on Night Duty. Railway fare one way refunded after 6 months on staff of hospital. Apply to Supt., Lady Minto Hospital, Cochrane, Ont.

Instructor. Ward Head Nurses. General Staff Nurses. Applications are invited from nurses eligible for licensing in the Province of Quebec. In first letter state date of graduation, qualifications, experience, and when services would be available. Apply to Director of Nursing, Verdun Protestant Hospital, Box 6034, Montreal, P. Q.

Classroom Instructress immediately for 125-bed hospital. Apply, stating qualifications, experience, and salary expected, to Supt., General & Marine Hospital, Owen Sound, Ont.

Graduate Nurses for **General Staff Duty** at Muskoka Hospital (for Tuberculosis). Salary: $145 monthly for 1st year; $150 for 2nd year; $155 for 3rd year— $30 deducted monthly for full maintenance. Yearly vacation. Cumulative sick leave. Pension Plan. Apply to Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

Registered Nurses for General Duty at Vancouver General Hospital, British Columbia. State in first letter date of graduation, experience, reference, etc., and when services would be available. 8-hour day and 6-day week. Gross salary: $140 per month living out, with annual increases up to $160 in 4 years, plus laundry. 1½ days sick leave per month accumulative with pay. Employees' Hospitalization Society. Superannuation. 1 month vacation each year with pay. Investigation should be made with regard to registration in British Columbia. Apply to Director of Nurses.

Assistant Superintendent. State qualifications and salary expected. **General Duty Nurses.** 6-day week. Hospitalization Plan. Salary: $100 per month with full maintenance. Apply to Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.

Floor Duty Nurse. 6-day week. Salary: $100 per month; full maintenance and free hospitalization. Apply to Supt., Barrie Memorial Hospital, Ormstown, P.Q.

Science Instructor. Medical Supervisor and **Instructor. Surgical Supervisor** and **Instructor. Public Health Supervisor** and **Instructor. Assistant Nursing Arts Instructor. Operating-Room Supervisor. Assistant Night Supervisor.** Apply, stating qualifications, experience, and salary expected, to Supt. of Nurses, General Hospital, Regina, Sask.

Operating-Room Supervisor for General Hospital. Duties to commence on May 1. State experience and salary. **Night Supervisor** for 80-bed hospital. No obstetrics. Must be experienced. Good salary with full maintenance. **Supervisor** for **Tuberculosis Unit** of 40 beds. Must be good executive and experienced in care of tuberculous patients. For further information apply to Supt., City Hospital, Sydney, N.S.

Provincial District Nurse in the Province of **Alberta.** Districts located in rural areas. Cottage, water, and fuel supplied by community. Salary: Minimum of $1,500 per annum, plus Cost of Living Bonus. Sick leave. Annual vacation provided after 1 year's service. For further information apply to Miss Jean S. Clark, Director, Division of Public Health Nursing, 218 Administration Bldg., Edmonton, Alta.

New Brunswick Division, Canadian Red Cross Society, is prepared to expand its Outpost Hospital and Nursing Service when nurses are available. Openings for: (1) Visiting Nurses for outlying districts. Public Health course desirable but not essential. (2) Hospital Nurses for two 10-bed hospitals to be opened during next few months. Staff of each to consist of Superintendent and 3 General Staff Nurses (with domestic staff in addition). (3) Positions available immediately for additional nurse on staff of hospital now in operation, and for vacation relief. For further information apply to New Brunswick Division, Canadian Red Cross Society, 66 Prince William St., Saint John, N.B.

Registered Nurses for **General Duty** (new Wing being opened) at the General Hospital, Kingston, Ontario. This is a Medical Teaching Hospital of 500 beds. 8-hour day and 6-day week. Gross salary living out: $130 per month minimum. Equivalent value living in. Free perquisites include laundering of uniforms; Workmen's Compensation protection; and after 3 months' employment hospital care free. Pay while sick accumulative 1½ days per month up to 3 weeks. Annual holiday of 4 weeks with pay. Apply to Director of Nurses, giving complete details and reference.

Classroom Instructress for 100-bed hospital. Apply, stating qualifications and when services available, to Supt. of Nurses, Sherbrooke Hospital, Sherbrooke, P.Q.

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With experience in Mental Hospital executive work. **Salary:** $160 per month plus full maintenance. Responsibilities include the charge of Female Nursing Service, Nurses' Training School, and housekeeping department.

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1411 Crescent St., Montreal 25, P.Q.

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Past President..... Miss Fanny Munroe, Royal Victoria Hospital, Montreal 2, P.Q.
First Vice-President..... Miss Ethel Cryderman, V.O.N., 281 Sherbourne St., Toronto 2, Ont.
Second Vice-President... Miss Evelyn Mallory, University of British Columbia, Vancouver, B.C.
Third Vice-President.... Miss Marion Myers, Saint John General Hospital, Saint John, N.B.
Honorary Secretary..... Rev. Sister Denise Lefebvre, 1185 St. Matthew St., Montreal 25, P.Q.
Honorary Treasurer..... Miss Lillian Pettigrew, Winnipeg General Hospital, Winnipeg, Man.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Committee on Institutional Nursing; (3) Chairman, Committee on Public Health Nursing; (4) Chairman, Committee on Private Duty Nursing.

Alberta: (1) Miss B. A. Beattie, Provincial Mental Hospital, Ponoka; (2) Miss A. M. Anderson, Royal Alexandra Hospital, Edmonton; (3) Miss E. I. Stewart, Health District, High River; (4) Mrs. B. Kipp, Galt Hospital, Lethbridge.

British Columbia: (1) Miss E. Mallory, University of B.C., Vancouver; (2) Miss E. Davis, Ste. 22, 1311 Beach Ave., Vancouver; (3) Miss P. Reeve, 3137 W. 42nd Ave., Vancouver; (4) Miss E. Otterbine, Ste. 5, 1334 Nicola St., Vancouver.

Manitoba: (1) Miss B. Seeman, Winnipeg General Hospital; (2) Mrs. H. Copeland, Misericordia Hospital, Winnipeg; (3) Miss D. Dick, 145 Montrose St., Winnipeg; (4) Miss Jean McPhail, 859 Bannatyne Ave., Winnipeg.

New Brunswick: (1) Miss M. Myers, Saint John General Hospital; (2) Sr. M. Rosarie, St. Joseph's Hospital, Saint John; (3) Miss Lois Smith, Walker Apts., York St., Fredericton; (4) Mrs. B. Nash Smith, 37 Queen St., Moncton.

Nova Scotia: (1) Miss L. Grady, Halifax Infirmary; (2) Sr. M. Beatrice, Glace Bay; (3) Miss M. Shore, V.O.N., Halifax; (4) Miss M. Stevens, Box 345, Amherst.

Ontario: (1) Miss N. D. Fidler, School of Nursing, University of Toronto, Toronto 5; (2) Miss E. Young, Ottawa Civic Hospital; (3) Miss S. Wallace, Dept. of Health, Parliament Bldgs., Toronto 2; (4) Miss K. Layton, 341 Sherbourne St., Toronto 2.

Prince Edward Island: (1) Miss D. Cox, 101 Weymouth St., Charlottetown; (2) Sr. Mary Irene, Charlottetown Hospital; (3) Miss E. Wheler, Summerside; (4) Miss M. Thompson, 20 Euston St., Charlottetown.

Quebec: (1) Miss E. Flanagan, 3801 University St., Montreal 2; (2) Rev. Sr. Denise Lefebvre, Institut Marguerite d'Youville, 1185 St. Matthew St., Montreal 25; (3) Miss A. Girard, l'Ecole d'Infirmières Hygiénistes, University of Montreal, 2900 Mt. Royal Blvd., Montreal 26; (4) Miss E. Killins, 3533 University St., Montreal 2.

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Committee on Private Duty Nursing: Miss Barbara Key, 123 Bold St., Apt. 56, Hamilton, Ont.
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Canadian Nurses' Association: 1411 Crescent St., Montreal 25, P.Q. General Secretary, Miss Gertrude M. Hall. Assistant Secretary, Miss Winnifred Cooke.

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Association of Nurses of the Province of Quebec: Miss E. Frances Upton, 506 Medical Arts Bldg., Montreal 25.
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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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Ponoka District, No. 2, A.A.R.N.

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Calgary District, No. 3, A.A.R.N.

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Red Deer District, No. 6, A.A.R.N.

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

Pres., Miss E. Mallory, University of B.C., Vancouver; Vice-Pres., Misses E. Palliser, E. Clark; Hon. Sec., Miss E. Paulson; Hon. Treas., Mrs. E. Pringle; Past Pres., Miss G. Fairley; *Section Chairmen: General Nursing*, Miss E. Otterbine, Ste. 5, 1334 Nicola St., Vancouver; *Hospital & School of Nursing*, Miss E. Davis, Ste. 22, 1311 Beach Ave., Vancouver; *Public Health*, Miss P. Reeve, 3137 W. 42nd Ave., Vancouver; *District Councillors: Central Interior*, Mrs. M. Brolin; *East Kootenay*, Mrs. E. Kelman; *Fraser Valley*, Miss M. Hamilton; *Greater Vancouver*, Misses E. Gilmour, I. Goward, F. Rowell; *Kamloops-Okanagan*, Miss O. Garrood; *Vancouver Island*, Misses M. Fletcher, S. Porritt; *West Kootenay*, Miss A. K. Williams; Director, Placement Service, Miss Elizabeth Braund, 1001 Vancouver Block, Vancouver; Executive Secretary & Registrar, Miss Alice L. Wright, 1014 Vancouver Block, Vancouver.

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PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

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QUEBEC

Registered Nurses Association of the Province of Quebec (Incorporated 1920)

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District 2

Chairman, Rvde Soeur Ste-Marie Madeleine, Hôtel-Dieu, Lévis, P.Q.; Sec., Mlle Jeanne d'Arc Beaudoin, Hôtel-Dieu, Lévis, P.Q.

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District 4

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District 8

Chairman, Mlle Alma Benoit, C.P. 66, Trois-Rivières, P.Q.; Sec., Mlle Gertrude Parent, 795 rue, St. Roch, Trois-Rivières, P.Q.

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District 10

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Saskatchewan Registered Nurses Association (Incorporated 1917)

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A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Mrs N. Richardson; Vice-Pres., Mrs. C. Douglas, Miss D. Watt; Rec. Sec., Mrs. W. Norquay; Corr. Sec., Miss June Stuart, R.A.H.; Treas., Miss Jean Mackie, R.A.H.; *Committee Conveners: Scholarship Fund*, Miss A. Anderson; *Social*, Miss M. Moore; *Program*, Mrs. A. McDonald; *Reps.* to: *Local Council of Women*, Mrs. A. Boutillier; *The Canadian Nurse*, Miss V. Chapman.

A.A., University of Alberta Hospital, Edmonton

Hon. Pres., Miss H. Peters; Pres., Mrs. H. C. Carlyle; Vice-Pres., Miss E. Eickmeyer; Rec. Sec., Mrs. J. Tenove, 10644-84th Ave.; Corr. Sec., Mrs. D. Stuart; Treas., Miss V. Clark; *Social Convener*, Miss M. Docherty.

A.A., Lamont Public Hospital

Hon. Pres., Miss F. E. Welsh; Pres., Mrs. A. Southworth; Vice-Pres., Miss K. Stewart, Mrs. C. Craig; Sec.-Treas., Mrs. B. I. Love, Elk Island National Park, Lamont; *Executive*, Mmes M. Hawkey, R. Shears, J. Sheremata; *Social Conveners*, Miss J. Graham (Edmonton), Miss R. Christensen (Lamont); *News Editor*, Mrs. Barry Cooper.

A.A., Vegreville General Hospital

Hon. Pres., Rev. Sr. Anna Keohane; Hon. Vice-Pres., Rev. Sr. J. Boisseau; Pres., Mrs. W. Zeir; Vice-Pres., Mrs. D. Triska; Sec.-Treas., Mrs. T. Umphrey, Box 253; *Visiting Committee* (chosen monthly).

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. Catherine de Bologna, Superior; Hon. Vice-Pres., Rev. Sr. Columkille, Supt. of Nurses; Pres., Mrs. D. Mackenzie; Vice-Pres., Mrs. W. Lane; Sec., Mrs. W. Murray, Ste. 300, 1209 Jervis St.; Assist. Sec., Miss M. Brown; Treas., Miss C. Connon; Assist. Treas., Miss M. Abercrombie; *Committees: Emergency & Sick Benefit*, Miss B. Coll (conv.), Misses K. Flahiff, G. Corcoran; *Ways & Means*, Mmes M. Banner, E. Miller, Miss E. Black; *Refreshment*, Misses J. Blacklock, E. Cronkite, E. McGee; *Visiting*, Misses K. Flahiff, Otterbine; *Sports*, Misses D. Vandenbergh, H. Clegg, M. Heaps; *Program*, Mrs. Peel, Misses Gliesbrecht, M. Bell; *Editor*, Miss E. Baker; *Assist. Ed.*, Mrs. Barnes; *Rep.* to *The Canadian Nurse*, Miss B. Facchin.

A.A., Vancouver General Hospital

Hon. Pres., Miss E. Palliser; Pres., Mrs. M. W. Bakkan; Vice-Pres., Misses D. Jamieson, J. Walters; Rec. Sec., Miss N. Rendell; Corr. Sec., Miss Mary Burns, 1711 E. 59th Ave.; Treas., Mrs. M. Faulkner, 587 W. 18th Ave.; *Committee Conveners: Membership*, Miss P. Wilson; *Social*, Mrs. V. E. Feimann; *Program*, Miss M. Richmond; *Refreshment*, Mrs. M. Bracey; *Publicity*, Mrs. H. Scott; *News Letter*, Miss E. McCann; *Visiting*, Mrs. B. Nesbitt; *Tea Room*, Mrs. L. Findlay.

A.A., Royal Jubilee Hospital, Victoria

Pres., Miss R. Kirkendale; Vice-Pres., Miss P. Barbour, Mrs. E. McKinnon; Sec., Mrs. D. R. Serl, 2855 Graham St.; Assist. Sec., Mrs. J. Shea; Treas., Mrs. N. P. McConnell, 1161 Old Esquimalt Rd.; *Committee Conveners: Membership*, Miss C. Strankman; *Visiting*, Miss M. Irving; *Social*, Mrs. M. Hoffmeister; *Rep.* to *Press*, Mrs. L. Banyard.

A.A., St. Joseph's Hospital, Victoria

Pres., Mrs. G. Hutchinson; Rec. Sec., Mrs. J. Shelley; Corr. Sec., Miss M. Grant, 2317 Blanchard St.; Treas., Mrs. P. Webb; *Councillors*, Mmes H. Gandy, H. E. Ridewood, N. Robinson, G. Evans, J. Welch; *Vital Statistics*, Miss H. Cruickshanks; *Rep.* to *Press*, Mrs. V. Rose.

MANITOBA

A.A., St. Boniface Hospital

Hon. Pres., Rev. Sr. Clermont; Pres., Miss L. Thompson; Vice-Pres., Misses M. Wilson, M. McKenzie; Rec. Sec., Miss M. Lougheed; Corr. Sec., Miss B. McPherson, St.B.H.; Treas., Mrs. B. Smith; *Archivist*, Mrs. T. Hulme; *Committee Conveners: Visiting*, Miss D. Hurle; *Social*, Mrs. M. Gendall; *Membership*, Miss B. Sotkowsky; *Reps.* to: *M.A.R.N.*, Miss N. Craig; *Nurses' Directory*, Miss E. Gagnon; *Local Council of Women*, Miss S. Wright; *The Canadian Nurse*, Mrs. H. Lemoine.

A.A., Children's Hospital, Winnipeg

Hon. Pres., Mrs. G. S. Williams; Past Pres., Mrs. J. Kirby; Pres., Mrs. C. D. Gordon Barber; Vice-Pres., Mrs. Wright; Rec. Sec., Miss M. Jupp; Corr. Sec., Miss D. Roe, C.H.; Treas., Mrs. Noble; *Committee Conveners: Program*, Miss E. Fyffe; *Refreshment*, Miss H. Armstrong; *Membership*, Miss P. McConnell; *Visiting*, Miss Armstrong.

A.A., Misericordia General Hospital, Winnipeg

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A.A., Winnipeg General Hospital

Hon. Pres., Mrs. A. W. Moody; Pres., Miss L. Gunn; Vice-Pres., Misses H. L. Wilson, J. Morgan, R. B. Dickie; Rec. Sec., Miss H. Reid; Corr. Sec., Miss S. Ross, 10 Balmoral Apts.; Treas., Mrs. M. Beamish, 10 Emily Apts.; Archivist, Mrs. C. Frith; *Committee Conveners: Program*, Miss M. Pringle; *Membership*, Miss V. Walker; *Visiting*, Miss J. Gordon; *Journal*, Miss L. Barker; *Sanford Scholarship Fund*, Miss I. Cooper; *Diamond Jubilee Fund*, Mrs. R. Waldie; *Parcels to Europe*, Miss G. Johnson; *Reps.* to: *School of Nursing*, Mrs. G. Noble; *Doctors' & Nurses' Directory*, Mrs. E. English; *Local Council of Women*, Mmes M. Anderson, J. Jenkins; *Council of Social Agencies*, Miss H. Setka; *The Canadian Nurse*, Miss L. Smolak.

NEW BRUNSWICK

A.A., Saint John General Hospital

Hon. Pres., Miss E. J. Mitchell; Pres., Miss S. Hartley; First Vice-Pres., Miss M. Foley; Sec., Vice-Pres., Miss M. Scott; Sec., Miss K. Lawson, 140 Elliott Row; Treas., Mrs. A. E. Handren, Belmont, R.R. 1; *Executive*, Misses M. Murdoch, M. Ronald; *Conveners: Program*, Miss D. Wetmore, Mrs. Denyer; *Social*, Mrs. Lewin; *Flower*, Miss Selfridge; *Refreshment*, Mrs. B. Watt; *Publicity*, Miss I. Clark; *Visiting*, Mrs. A. Burns.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Pres., Mrs. George King, Broadway; Vice-Pres., Mrs. W. B. Manzer, Chapel St.; Sec., Mrs. John Charters, Elm St.; Treas., Mrs. Elmer Arnold, Elm St.; *Executive Committee*, Mrs. Bertrum Gardiner, Prince William St.; Mrs. Thomas Everett, Union St.; Mrs. John Hale, Pine St.

NOVA SCOTIA

A.A., Halifax Infirmary

Pres., Miss O. Hayes; Vice-Pres., Miss N. Harley; Rec. Sec., Miss R. Butler; Corr. Sec., Miss M. Cragg, 14 Woodlawn Terrace; Treas., Miss G. Shortall; *Committee Conveners: Visiting*, Mrs. T. O'Leary; *Entertainment*, Mrs. J. Thornton; *Reps.* to: *Press*, Miss M. West; *The Canadian Nurse*, Miss R. Butler.

A A., Victoria General Hospital, Halifax

Pres., Mrs. J. T. Luscombe; Vice-Pres., Miss D. Gill; Sec., Mrs. Eric Stanley, 50 Beech St.; Treas., Mrs. H. S. T. Williams, 362 Spring Garden Rd.; *Board of Directors*, Mmes V. Gormley, W. Hunt, M. Smith; *Committee Conveners: Visiting*, Mrs. A. MacQuade; *Program & Entertainment*, Mrs. J. Churchill, Miss E. Atkinson; *Maritime Hospital Service*, Miss M. Archibald.

A.A., Aberdeen Hospital, New Glasgow

Hon. Pres., Miss Nina Grant; Pres., Miss Mabel Grant; Vice-Pres., Mrs. Claude Sutherland; Sec., Miss Vera MacIntosh, 154 Maple Ave.; Treas., Mrs. James Collie; *Rep.* to *Press*, Mrs. A. M. MacLeod.

ONTARIO

A.A., Belleville General Hospital

Hon. Pres., Miss E. Horton; Pres., Miss E. Sullivan; Vice-Pres., Misses A. Jones, R. Poole; Sec., Miss B. Sharland; Treas., Miss A. Howes; *Committee Conveners: Flower & Gift*, Miss M. Miles; *Social*, Misses D. McCall, M. Goodfellow; *Program*, Mrs. M. Devine; *Nominating*, Miss T. Gord n; *Reps.* to: *V.O.N.*, Mrs. C. Howie; *The Canadian Nurse & Press*, Miss U. McComb.

A.A., Brantford General Hospital

Hon. Pres., Miss J. M. Wilson; Pres., Miss O. Plumstead; Vice-Pres., Mrs. J. MacKay; Sec., Miss M. Patterson, B.G.H.; Treas., Miss H. Scott; *Committees: Gift*, Misses J. Landreth, V. Buckwell; *Flower*, Misses L. Burtch, A. Scott; *Social*, Mmes G. Brittain, D. Green; *Reps.* to: *Local Council of Women*, Mrs. R. Billo; *The Canadian Nurse & Press*, Miss I. Feely.

A.A., Brockville General Hospital

Hon. Pres., Misses A. Shannette, E. Moffatt; Pres., Mrs. M. White; First Vice-Pres., Mrs. W. Cooke; Sec. Vice-Pres., Miss L. Markley; Sec., Mrs. H. Bishop, 89 King St. W.; Corr. Sec., Miss M. Arnold, William St.; Treas., Mrs. H. Vandusen; *Committees: Gift*, Miss V. Kendrick; *Social*, Mrs. H. Green; *Property*, Mrs. M. Derry, Misses J. McLaughlin, M. Gardiner; *Annual Fees*, Miss V. Preston; *Rep.* to *The Canadian Nurse*, Miss H. Corbett.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Miss Elsie Phillips; Vice-Pres., Mrs. J. C. MacWilliam, Miss E. Stenton; Rec. Sec., Miss V. Gwalchmai; Corr. Sec., Miss A. Hastings, 30 McKeough Ave.; Treas., Miss D. Thomas; *Rep.* to *The Canadian Nurse*, Mrs. W. M. Sheldon.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Sr. M. Fabian; Hon. Vice-Pres., Sr. M. Valeria; Pres., Miss J. Coburn; Vice-Pres., Mmes B. Caron, L. Smyth; Sec.-Treas., Miss D. Carley; Corr. Sec., Miss A. Kenny, Aberdeen Hotel; *Councillors*, Misses H. Gray, L. Pettypiece, Mmes E. Roberts, E. Peco; *Committees: Lunch*, Miss M. Newcomb, Mmes H. Kennedy, M. O'Rourke; *Buying*, Mmes E. Roberts, E. Peco; *Program*, Misses M. Boyle, K. Kaufmann, Mmes C. I. Salmon, F. Doyle; *Reps.* to: *Press*, Miss K. Kaufmann; *The Canadian Nurse*, Mrs. M. Jackson.

A.A., Cornwall General Hospital

Hon. Pres., Misses M. Nephew, H. C. Wilson; Hon. Member, Mrs. M. Boldick; Pres., Mrs. A. Snow; Vice-Pres., Mrs. E. Wagoner, Miss E. McIntyre; Sec., Mrs. F. Gunther, 334 Fifth St. E.; Treas., Mrs. V. Fenton, R.R. 2, West Front, Cornwall; *Committee Conveners: Flower*, Miss E. Beckstead; *Social Finance & Membership*, Miss A. McNaughton; *Rep.* to *The Canadian Nurse*, Mrs. G. Whitney.

A.A., Hotel Dieu Hospital, Cornwall

Hon. Pres., Rev. Sr. St. George; Pres., Miss D. Ryan; Vice-Pres., Rev. Sr. Mooney; Sec.-Treas., Miss H. Cleary; Corr. Secs., Miss A. Huot, St. Lawrence Sanatorium; Mrs. R. Ezard; *Committee Conveners: Music & Social*, Miss E. Young; *Gift*, Miss I. McDonell; *Publicity*, Miss U. Leblanc.

A.A., Galt Hospital

Hon. Pres., Miss Z. M. Hamilton; Pres., Miss H. Blagden; Sec., Miss Hilda Teather, Galt Hospital; Treas., Mrs. Vanstone; *Committee Conveners: Press*, Mrs. W. Bell; *Flower & Gift*, Mrs. J. Kersh; *Social*, Miss A. Park, Mrs. L. Maddock.

A.A., Guelph General Hospital

Hon. Pres., Miss S. A. Campbell; Past Pres., Mrs. C. McLeod; Pres., Mrs. W. Redmond; First Vice-Pres., Mrs. J. Tawse; Sec. Vice-Pres., Miss L. Brindle; Sec., Miss F. Cameron, 210 Woolwich St.; Treas., Miss K. Cleghorn.

A.A., St. Joseph's Hospital, Guelph

Mother Superior, Sr. M. Clotilde; Supt. of Nurses, Sr. M. Assumption; Pres., Miss E. Goetz; Vice-Pres., Miss H. Farrell; Sec., Miss M. Daley, 134 Ferguson St.; Treas., Miss J. Bosomworth, St.J.H.; *Entertainment Convener*, Miss B. Crimmins.

A.A., Hamilton General Hospital

Hon. Pres., Miss C. E. Brewster; Pres., Miss Ella Baird; Vice-Pres., Misses H. Fasken, E. Ferguson; Rec. Sec., Miss C. Leleu; Assist. Sec., Miss J. Tufford; Corr. Sec., Miss J. Harrison, 29 Ashley St.; Treas., Miss Doris Cosford, 871 Main St. E.; Assist. Treas., Miss H. Cosford; Sec.-Treas., Mutual Benefit Ass'n, Miss A. Steem; *Committee Conveners: Executive*, Mrs' Massie; *Program*, Miss Mason; *Flowers & Visiting*, Miss Knowles; *Budget*, Miss G. Coulthart; *Membership*, Miss Bingeman; *Publication*, Miss A. Lush; *Reps.* to: *R.N.A.O.*, Miss E. Kerr; *Local Council of Women*, Miss N. Coles.

A.A., Ontario Hospital, Hamilton

Hon. Pres., Miss K. E. Turney; Hon. Vice-Pres., Miss E. P. Dodd; Pres., Mrs. M. Sutherland; Vice-Pres., Mrs. G. Wallace; Sec., Mrs. I. Nichols, Apt. 7, 23 St. Matthews Ave.; Treas., Miss M. Shalla; *Committee Conveners: Social*, Mrs. A. Smith, Misses M. Smith, M. MacDonald; *Visiting*, Miss E. Lee; *Rep.* to: *Press*, Miss D. Parker.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. St. Edward; Hon. Vice-Pres., Sr. M. Ursula; Past Pres., Mrs. S. Hudecki; Pres., Miss F. O'Brien; Vice-Pres., Miss M. Peart; Sec., Miss B. Clohecy, 61 East Ave. S.; Treas., Miss A. Grace; *Executive*, Misses N. Walsh, E. Quinn, A. McCowell, M. Haley, Mmes S. Hudecki, J. Warren; *Reps.* to: *R.N.A.O.*, Miss D. Devine; *The Canadian Nurse*, Miss M. Reding.

A.A., Kingston General Hospital

Hon. Pres., Miss L. D. Acton; Pres., Mrs. Gladys Henry; Vice-Pres., Mrs. M. Potter, Miss L. Smith; Sec., Miss Gertrude McCulloch, K.G.H.; Treas., Miss O. Wilson, K.G.H.; Assist. Treas., Miss E. MacLean; *Committee Conveners: Flower*, Mrs. S. Smith; *Private Duty*, Mrs. E. Sweetman; *D.V.A. & Y Work*, Miss H. Blue; *Reps.* to: *Local Council of Women*, Mrs. Leggett; *Kingston Film Council*, Mrs. J. C. Spence.

A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Sr. Mary Grace; Pres., Miss M. Hostetler; Vice-Pres., Miss A. Sobisch, Mrs. D. Campbell; Rec. Sec., Miss D. Marshall; Corr. Sec., Miss M. Monaghan, 94 DeKay St.; Treas., Miss B. Manley, 80 Union Blvd.

A A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. S. Reid; Pres., Mrs. I. Radman; First Vice-Pres., Miss G. Lehigh; Sec. Vice-Pres., Mrs. U. Cresswell; Sec., Miss A. Webber; Treas., Mrs. D. Elliott; *Committees: Red Cross Supply*, Miss L. Gillespie; *Program*, Mrs. Williamson, Miss A. Flett; *Refreshment*, Misses Pogue, C. Fallis; *Notification of Meetings*, Miss B. Marsh; *Rep.* to: *Press*, Miss Strath.

A.A., Ontario Hospital, London

Hon. Pres., Miss F. Thomas; Pres., Mrs. E. Grosvenor; Vice-Pres., Mmes P. Soutar, M. Duncan; Sec., Mrs. E. Bruner, 207 Mill St.; Treas., Miss N. Williams; Assist. Sec.-Treas., Miss L. Steele; *Committee Conveners: Social*, Mrs. P. Robb; *Social Service*, Mrs. M. Millen; *Flower Fund*, Mrs. E. Grosvenor.

A.A., St. Joseph's Hospital, London

Hon. Pres., Rev. Sr. St. Elizabeth; Hon. Vice-Pres., Rev. Sr. Ruth; Pres., Miss C. Murray; Vice-Pres., Mrs. P. Chapman, Miss M. Foxworthy; Rec. Sec., Miss E. Eckert; Corr. Sec., Miss M. Mahoney, 194 Cromwell St.; Treas., Miss F. Albert; *Conveners: Social*, Misses E. Haggerty, M. McGrath; *Finance*, Miss F. Albert, Mrs. M. McCormick; *Reps.* to: *Press*, Miss M. Walker; *Registry*, Misses M. Baker, E. Beger; *The Canadian Nurse*, Miss S. Gignac.

A.A., Victoria Hospital, London

Hon. Pres., Miss H. Stuart; Hon. Vice-Pres., Mrs. A. E. Silverwood; Pres., Miss M. Stevenson; Vice-Pres., Mmes V. Fry, R. Hagerman; Rec. Sec., Mrs. S. McGugan; Corr. Sec., Miss M. Sloan, 200 Central Ave.; Treas., Miss V. Watson, 384 Waterloo St.

A.A., Niagara Falls General Hospital

Pres., Mrs. Howard McGarry; Vice-Pres., Miss E. Smith; Sec., Miss Patricia Hobson, 665 Simcoe St.; Treas., Miss E. LaPlante; *Rep.* to: *R.N.A.O. & The Canadian Nurse*, Miss I. Hammond.

A.A., Soldiers' Memorial Hospital, Orillia

Hon. Pres., Miss Kilpatrick; Pres., Miss E. Dunlop; Vice-Pres., Misses E. McEwen, D. Gibney; Sec., Miss P. Dixon, Soldiers' Memorial Hospital; Treas., Miss L. V. McKenzie, 21 William St.; *Auditors*, Misses J. and M. MacLelland; *Directors*, Mmes Middleton, Hannaford, Miss Pearson.

A.A., Oshawa General Hospital

Hon. Pres., Miss M. Bourne; Pres., Mrs. B. Murphy; Vice-Pres., Mrs. B. Mason, Miss F. Courtice; Rec. Sec., Miss R. Armour; Corr. Sec., Miss V. Major, 19 Hillcroft St.; Assist. Corr. Sec., Miss J. Metcalf; Treas., Mrs. M. Cheseborough; *Committees: Program*, Mrs. J. Green, Miss B. Gordon; *Social*, Misses M. Wilkins, M. Brown; *Visiting & Flower*, Miss D. Moore; *Ed., News Bulletin & Rep.* to *The Canadian Nurse*, Miss P. Pearce.

A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

Hon. Pres., Mrs. W. S. Lyman; Hon. Vice-Pres., Miss M. Stewart; Pres., Mrs. M. E. Jones; Vice-Pres., Mrs. R. B. Bryce; Sec., Mrs. J. R. McKellar, 1st Ave., Townsite; Treas., Miss M. E. Scott, 53 Arthur St.; *Directors*, Misses P. Walker, A. McNiece, F. Low; *Flower Convener*, Miss D. Booth; *Reps.* to: *Community Registry*, Miss M. Slinn; *Press*, Mrs. W. Caven; *The Canadian Nurse*, Miss E. McGibbon.

A.A., Ottawa Civic Hospital

Hon. Pres., Misses G. M. Bennett, E. G. Young; Pres., Miss P. Farmer; Vice-Pres., Miss E. Horsey, Mrs. E. Storr; Rec. Sec., Miss L. Currie; Corr. Sec., Miss R. Miskelly, O.C.H.; Treas., Miss A. Napier, 377-2nd Ave.; *Councillors*, Misses J. McTavish, G. Carver, E. Pepper, E. Carnochan, B. Jackson, F. Garnett, L. Mawhinney, Mrs. I. Veitch; *Committees: Visiting & Flower*, Misses M. MacFarlane, I. Moulds; *Refreshment*, Mrs. D. True, Misses E. Ferguson, F. Richards, D. Johnston; *Alumnae Paper*, Misses M. Downey, H. Johnstone, Mrs. D. Ball; *Rep.* to: *The Canadian Nurse*, Miss L. Mawhinney.

A.A., Ottawa General Hospital

Hon. Pres., Sr. Marie Alban; Pres., Sr. Madeleine de Jesus; Vice-Pres., Mmes N. Chassé, H. Racine; Sec., Miss J. Stock, 390 Chapel St.; Treas., Miss M. R. Nadon; *Councillors*, Misses V. Belier, G. Boland, H. Chamberlin, V. Foran, J. Robert, K. Ryan; *Reps.* to: *Registry*, Misses M. Landreville, M. Butler, A. Sanders; *Sick Benefit*, Miss J. Frappier; *D.C.C.A.*, Miss M. O'Hare; *Red Cross*, Mrs. A. Powers; *The Canadian Nurse*, Miss J. Stock.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Mrs. R. Brown; Vice-Pres., Miss I. Allan; Sec., Miss E. Honeywell, 50-2nd Ave.; Treas., Miss M. J. Ross; *Committee Conveners: Flowers*, Miss D. Brown, Mrs. W. Creighton; *Insurance*, Miss I. Johnston; *Nominating*, Miss N. Lewis, Mrs. J. MacFarlane; *Reps.* to: *Local Council of Women*, Miss Lewis, Mrs. E. Swerdfagar; *Community Nursing Registry*, Miss D. Brown; *Press*, Mrs. Swerdfagar; *The Canadian Nurse*, Miss Johnston.

A.A., Owen Sound General and Marine Hospital

Hon. Pres., Misses E. Webster, R. Brown; Pres., Miss Marjorie Kerr; Vice-Pres., Miss Lorraine Harris; Sec.-Treas., Miss Alice Cook, 436-12th St. W.; Assist. Treas., Mrs. Gladys Dewar; *Rep.* to: *R.N.A.O.*, Miss Pearl Sewell.

A.A., Peterborough Civic Hospital

Hon. Pres., Miss E. G. Young; Pres., Mrs. I. Walker; Vice-Pres., Mmes M. Pringle, W. Conway; Sec., Miss M. Renwick; Corr. Sec., Miss D. Pidgeon, P.C.H.; Treas., Miss E. Reid; *Editors*, Mrs. J. Thornton, Miss Pidgeon; *Committees: Flower*, Miss S. Beer; *Social*, Mmes F. Revoy, R. McIntyre; *Reps.* to: *Local Council of Women*, Mrs. W. McLaren; *Hospitalisation Plan*, Mrs. R. Taylor.

A.A., Sarnia General Hospital

Hon. Pres., Miss Rahno Beamish; Pres., Miss Olive Banting; Sec., Miss Elaine Dobson-Smith, S.G.H.; Treas., Miss Elizabeth F. Russell, S.G.H.; *Rep.* to: *The Canadian Nurse*, Mrs. Mary Elrick, 141 Penrose St.

A.A., Stratford General Hospital

Pres., Miss E. Wilson; Vice-Pres., Miss E. Stewart; Sec., Mrs. J. Robertson, 64 Grant St.; Treas., Miss M. McMaster; *Committee Conveners: Social*, Miss R. Cleland; *Flower*, Miss B. Schellenberger; *Program*, Miss G. Dahms.

A.A., Mack Training School, St. Catharines

Pres., Miss Janet Turner; Vice-Pres., Miss Norma Rolls, Mrs. Chas. Hespburn; Sec., Miss Norma Southcott, Leonard Nurses' Res.; Treas., Miss Margaret Anderson, 169 King St.

A.A., St. Thomas Memorial Hospital

Hon. Pres., Miss I. Stewart; Hon. Vice-Pres., Miss L. Johnson; Pres., Miss B. Pow; Vice-Pres., Mrs. E. Arleine; Sec., Miss E. Hudson, 20 Meda St.; Treas., Mrs. B. Evans, Memorial Hospital.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Hon. Pres., Miss P. L. Morrison; Pres., Mrs. B. Darwent; Rec. Sec., Miss I. Lucas; Corr. Sec., Mrs. P. Jacques, 23 Fuller Ave., Toronto 3; Treas., Miss M. McCullough; *Social Convener*, Mrs. Smith.

A.A., Hospital for Sick Children, Toronto

Pres., Mrs. H. Clifford; Vice-Pres., Misses P. Norton, F. Watson; Rec. Sec., Miss Mary Heffelfinger; Corr. Sec., Miss I. Emmerson, H.S.C.; Treas., Miss D. Muckle; Assist. Treas., Miss H. Rolstin.

A.A., Riverdale Hospital, Toronto

Pres., Miss A. Armstrong; First Vice-Pres., Mrs. J. Bradshaw; Sec. Vice-Pres., Mrs. G. Bourne; Sec., Miss Olga Gerker, Riverdale Hospital; Treas., Mrs. T. Fairbairn, 98 du Vernet Ave.; *Conveners: Program*, Miss K. Mathieson; *Visiting*, Mmes C. Spreeman, H. Dunbar; *R.N.A.O.*, Miss M. Ferry; *Rep.* to: *The Canadian Nurse*, Miss A. Armstrong.

A.A., St. John's Hospital, Toronto

Pres., Mrs. M. Owen, 53 Turner Rd.; Vice-Pres., Miss E. Price, 97 Avenue Rd.; Miss F. Young, 227 Milverton Blvd.; Rec. Sec., Mrs. D. Nelles, 73 Springmount Ave.; Corr. Sec., Miss M. Turnbull, 83 Balloll St.; Treas., Mrs. P. E. Thring, 14 Glencastle St.

A.A., St. Joseph's Hospital, Toronto

Pres., Miss E. Longo; Vice-Pres., Misses H. Nightingale, E. Mulloy; Rec. Sec., Miss E. Izzo; Corr. Sec., Miss Lillian Johnson, St.J.H.; Treas., Miss R. McBride; *Councillors*, Misses U. Smith, A. Lamphier, V. Hamilton, S. Griffin; *Committee Conveners: Program*, Miss A. Tobin; *Membership*, Miss M. Kehoe; *Rep.* to: *R.N.A.O.*, Miss M. Kelly.

A.A., St. Michael's Hospital, Toronto

Hon. Pres., Rev. Sr. Margaret; Hon. Vice-Pres., Rev. Sr. M. Kathleen; Pres., Miss M. Regan; Vice-Pres., Misses K. Meagher, L. Riley, M. McGarrell; Treas., Miss N. O'Connor; Assist. Treas., Miss E. Cunningham; Rec. Sec., Miss C. Damon; Corr. Sec., Mrs. M. Forrester, 185 Glenholme Ave.; *Councillors*, Mrs. T. Scully, Misses E. Crocker, D. Murphy, K. Boyle; *Membership Conveners: Active*, Miss L. Huck; *Associate*, Miss L. Bonin; *Reps.* to: *Nursing Education*, Miss G. Murphy; *Public Health*, Miss M. Tisdale; *Central Registry*, Misses E. Crocker, T. Harrison, N. Corrigan; *Hospital Care Plan*, Miss V. Murphy, Mrs. A. Romano; *Local Council of Women*, Mrs. G. Rossiter; *Press*, Mrs. E. Richards; *The Canadian Nurse*, Miss M. Herbert; *Ed. & Assist. Ed.*, "*The News*", Miss K. Boyle, Mrs. M. Neville.

A.A., School of Nursing, University of Toronto

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